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ABSTRACT

Initiated in 1971, the Child Development Associate (CDA) National Credentialing Program is a major national effort to evaluate and improve the skills of caregivers in center-based, family day care, and home visitor programs. Part I of this book presents an overview of the CDA National Credentialing Program and the competency standards and assessment system for home visitors. Part 2 presents the eligibility requirements and information collection responsibilities of the four members of the local team that conducts the evaluation of a candidate for the CDA credential. Part 3 contains the complete CDA competency standards for home visitors. The appendices in part 4 include a history of the CDA program and a glossary of terms. (RH)

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Child Development Associate Assessment System and Competency Standards

Home Visitor

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Preface

Over the past 15 years, child development programs based on home visits to families have been established to support parents in their parenting role, involve them in the full development and education of their children, and help them reach their goals for themselves and their children. Although programs may differ in emphasis and scope of work, they are all based on research findings that the quality of children's experiences in the first years of life are critical to their optimal development and that educating parents has a positive impact on children's development.

Home visitors are the primary staff who carry out a home-based child development program. They must be knowledgeable and experienced in all areas of child development in order to help parents appreciate the rapid growth and development of their children and meet their changing needs as young infants, mobile infants, toddlers, and preschoolers. They must be familiar with and sensitive to the community where the families live. They must be skilled adult educators who are able to establish a trusting working relationship with clients—supporting their self confidence, growth, and development both as parents and as individuals. In addition, they must be able to work cooperatively with other program staff and establish links with community agencies providing family services such as health care, nutrition counseling, and mental health and social services.

The CDA Competency Standards and assessment system for home visitors have been developed to define, evaluate, and recognize the skills needed to offer competent support to parents of young children. The Competency Standards define the skills needed both to man-

PREFACE—CONTINUED

age a program of home visits and to help parents meet the needs of their infants, toddlers, and preschoolers.

Applying for CDA assessment is a big commitment on top of a demanding caseload. However, working towards a CDA Credential can be a rewarding experience. It offers home visitors an opportunity to:

- ☐ Take a look at their own work in relation to national standards;
- ☐ Get feedback and support from people who have experience with families and knowledge about parenting and child development;
- ☐ Improve their skills in ways that are satisfying for themselves and beneficial for families; and
- ☐ Earn a professional Credential that is recognized by early childhood educators nationwide.

Summary

Over the past 15 years, child development programs based on home visits have provided important support services to the nation's families. The Child Development Associate Competency Standards have been developed to promote quality services to parents and children by providing national standards for training, evaluation, and professional recognition of home visitors.

Initiated in 1971, the Child Development Associate National Credentialing Program is a major national effort to evaluate and improve the skills of caregivers in center-based, family day care, and home visitor programs. A Child Development Associate or CDA is a person who has demonstrated competence in caring for young children and their parents during an assessment conducted by the CDA National Credentialing Program. Competent caregivers are awarded the Child Development Associate Credential.

Part I of this book presents an overview of the CDA National Credentialing Program and the Competency Standards and assessment system for home visitors. Part II presents the eligibility requirements and information collection responsibilities of the four members of the local team that conducts the evaluation of a Candidate for the CDA Credential. Part III contains the complete CDA Competency Standards for Home Visitors. The appendices in part IV include a history of the CDA program and a glossary of terms.

Part I

The Child Development Associate National Credentialing Program

The Child Development Associate (CDA) National Credentialing Program is a major national effort initiated in 1971 to improve the quality of child care by improving, evaluating, and recognizing the competence of child care providers and home visitors. The CDA Competency Standards, which define the skills needed by providers in specific child care settings, are the foundation of the three-part CDA approach:

- ☐ Training
- ☐ Assessment
- ☐ Credentialing

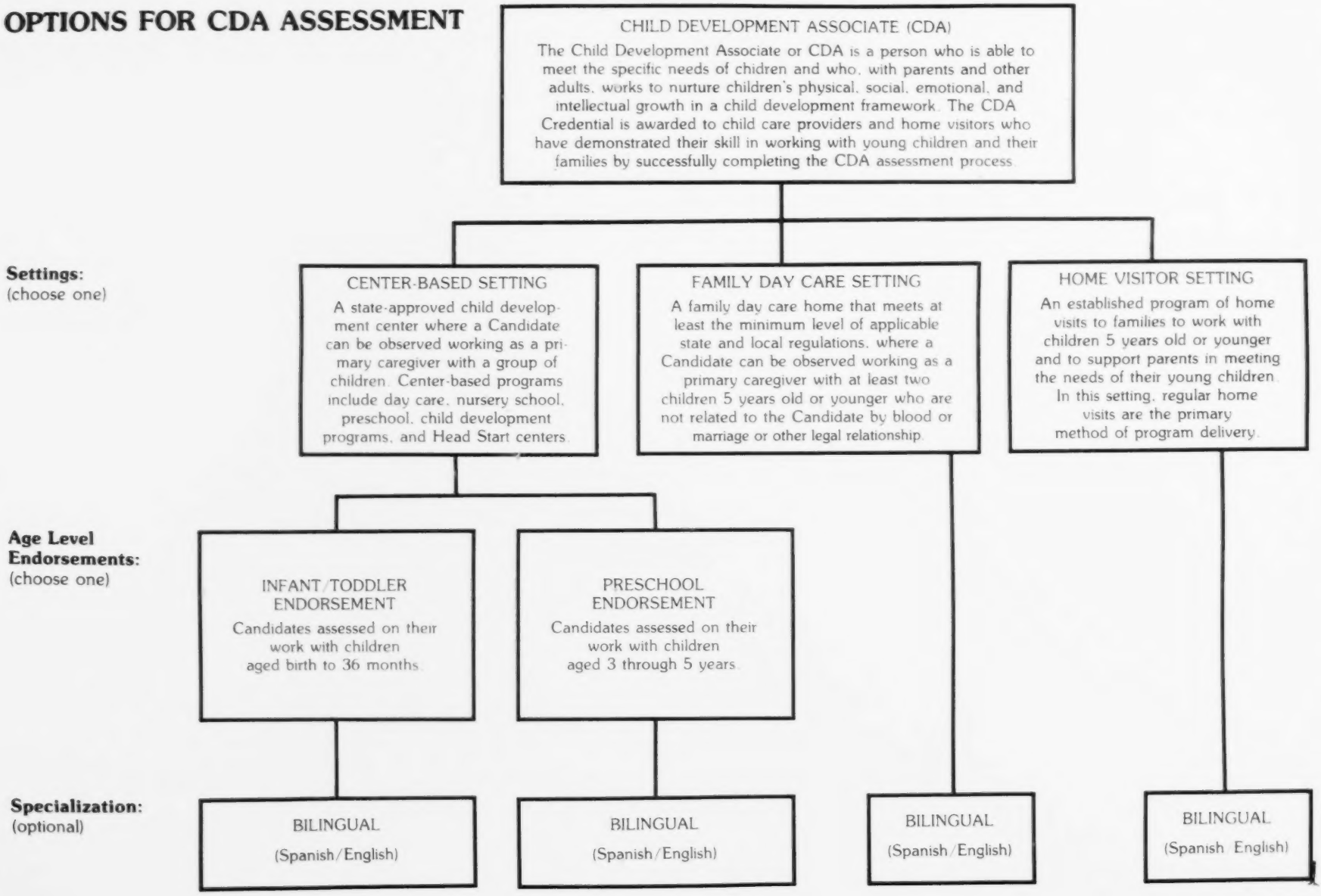
Training based on the CDA Competency Standards is now conducted by more than 300 colleges and universities across the country and by many day care programs, independent consultants, and Head Start centers. Funding and administration of these programs is independent of the CDA National Credentialing Program. Although many caregivers want to pursue training specifically geared to the CDA Competency Standards, CDA training is not a requirement for assessment.

Assessment and credentialing of child care providers is administered by the CDA National Credentialing Program in Washington, D.C. More than 17,000 child care providers have earned the CDA Credential since 1975, and more than half of the states have incorporated the Credential in child care licensing requirements.

The CDA Competency Standards serve as a means for measuring the performance of caregivers during the field-based CDA assessment. Assessment is available to caregivers working in several settings—center-based programs serving infants, toddlers, and preschool children; family day care programs; and home visitor programs. An optional bilingual specialization is available to Candidates working in bilingual (Spanish/English) programs. A CDA Credential is awarded to a person who demonstrates competence in caring for young children by successfully completing the CDA assessment process. Figure 1 illustrates CDA assessment options.

FIGURE 1.

OPTIONS FOR CDA ASSESSMENT


CHILD DEVELOPMENT ASSOCIATE (CDA)
The Child Development Associate or CDA is a person who is able to meet the specific needs of chidren and who, with parents and other adults, works to nurture children's physical, social, emotional, and intellectual growth in a child development framework. The CDA Credential is awarded to child care providers and home visitors who have demonstrated their skill in working with young children and their families by successfully completing the CDA assessment process.
Settings: (choose one)
CENTER-BASED SETTING
A state-approved child development center where a Candidate can be observed working as a primary caregiver with a group of children. Center-based programs include day care, nursery school, preschool, child development programs, and Head Start centers.
FAMILY DAY CARE SETTING
A family day care home that meets at least the minimum level of applicable state and local regulations, where a Candidate can be observed working as a primary caregiver with at least two children 5 years old or younger who are not related to the Candidate by blood or marriage or other legal relationship.
HOME VISITOR SETTING
An established program of home visits to families to work with children 5 years old or younger and to support parents in meeting the needs of their young children. In this setting, regular home visits are the primary method of program delivery.
Age Level Endorsements: (choose one)
INFANT/TODDLER ENDORSEMENT
Candidates assessed on their work with children aged birth to 36 months.
PRESCHOOL ENDORSEMENT
Candidates assessed on their work with children aged 3 through 5 years.
Specialization: (optional)
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)
BILINGUAL (Spanish/English)

The CDA Competency Standards

Although their content differs, the CDA Competency Standards for all settings have the same structure. The Competency Standards are divided into six **competency goals**, which are statements of a general purpose or goal for caregiver behavior. The competency goals are common to all child care settings.

The six goals are defined in more detail in 13 **functional areas**, which describe the major tasks or functions that a caregiver must complete in order to carry out the competency goal. Each functional area is explained by a **developmental context**, which presents a brief overview of relevant child development principles.

Although the six competency goals are the same for all settings (center-based, family day care, home visitor), the functional area definitions and sample behaviors change in order to define the particular skills needed for the specific child care setting and/or age grouping.

Table 1 presents the competency goals and functional areas for the home visitor setting. The complete CDA Competency Standards for Home Visitors, which include examples of home visitor skills, are presented in part III of this book.

TABLE 1

CDA COMPETENCY GOALS AND FUNCTIONAL AREAS FOR HOME VISITORS

Competency Goals	Functional Areas
I. To establish and maintain a safe, healthy learning environment	1. **Safe:** Candidate helps parents provide a safe environment to prevent and reduce injuries.
	2. **Healthy:** Candidate promotes good health and nutrition and helps parents provide an environment that contributes to the prevention of illness.
	3. **Learning Environment:** Candidate helps parents use space, relationships, materials, and home routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.
II. To advance physical and intellectual competence	4. **Physical:** Candidate helps parents provide a variety of equipment, activities, and opportunities to promote the physical development of children.
	5. **Cognitive:** Candidate encourages parents to provide activities and opportunities that support curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children.
	6. **Communication:** Candidate encourages parents to communicate actively with children and provide opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.
	7. **Creative:** Candidate helps parents provide opportunities that stimulate children to play with sound, rhythm, language, materials, space, and ideas in individual ways and to express their creative abilities.

TABLE 1 Continued

III. To support social and emotional development and provide positive guidance	8. **Self:** Candidate supports parents in providing physical and emotional security for each child and helping each child to know, accept, and take pride in himself or herself and to develop a sense of independence.
	9. **Social:** Candidate encourages parents to ensure that each child feels accepted in the family, to help children learn to communicate and get along with others, and to support feelings of empathy and mutual respect among children and adults.
	10. **Guidance:** Candidate helps parents provide a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals within a family.
IV. To establish positive and productive relationships with families	11. **Families:** Candidate maintains an open, friendly, and cooperative relationship with each family, encourages parents' involvement in the program, and supports family relationships.
V. To ensure a well-run, purposeful program responsive to participant needs	12. **Program Management:** Candidate is a manager who uses all available resources to ensure an effective operation. The Candidate is a competent organizer, planner, record keeper, communicator, and a cooperative coworker.
VI. To maintain a commitment to professionalism	13. **Professionalism:** Candidate makes decisions based on knowledge of early childhood theories and practices, promotes quality in child care services, and takes advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

The CDA Assessment System

A CDA assessment is the process by which a caregiver's competence is evaluated by the CDA National Credentialing Program. The evaluation is conducted by a group of people called the **Local Assessment Team**. This team includes the caregiver (the **Candidate**); an early childhood/child care professional (the **Advisor**); a member of the local community (the **Parent/Community Representative**); and a representative of the CDA national program (the **CDA Representative**). The Candidate chooses people to serve as Advisor and Parent/Community Representative. The CDA Representative is assigned to the team by the CDA national office.

Each team member collects information about the Candidate's work in relation to the CDA Competency Standards. This information is reviewed and discussed at the Local Assessment Team meeting, in which all members—including the Candidate—have an equal voice. The team decides at the meeting whether or not to award the CDA Credential to the Candidate.

Stages of Assessment

There are five stages in the CDA assessment system: (1) application and initial formation of the Local Assessment Team; (2) information collection by team members; (3) the Local Assessment Team meeting; (4) Credential award; and (5) Credential renewal. These stages are depicted in figure 2.

1. Application/Team Formation

Before completing the application form, the applicant must be sure that s/he meets all the eligibility requirements listed in part II of this book and must choose two people—an Advisor and a Parent/Community Representative—to serve as members of the Local Assessment Team. Team members must also meet eligibility requirements and be able to complete the information collection responsibilities described in part II.

The Advisor and Parent/Community Representative each must complete a section of the application. In addition, the applicant asks her/his program or center director (if applicable) to sign a statement on the application granting permission for the applicant to be observed at work by members of the Local Assessment Team.

The applicant mails the completed application to the CDA national office with the application fee. If the applicant and the two members of the Local Assessment Team meet all eligibility requirements, the application is accepted by the CDA National Credentialing Program and the individual becomes an official CDA Candidate. The CDA national office then sends to the Candidate the materials needed for the next stages of the assessment system.

2. Information Collection

During the information collection stage, each member of the Local Assessment Team has specific responsibilities for collecting information about the Candidate's work with young children. These are described in detail in part II of this book.

The Candidate must prepare a personal portfolio, which contains an autobiographical statement, a program description, and written examples of her/his competence in each of the 13 functional areas listed in table 1. Portfolios can be prepared in many different ways; complete guidance for preparing a portfolio is included in the materials the Candidate receives after her/his application is accepted.

The Advisor observes the Candidate at work at least three times and records observations of the caregiver's behavior in each of the 13 functional areas. Observations must take place at least 3 weeks apart. Based on these observations, the Advisor makes recommendations about areas where the Candidate needs further growth and development. Overall, the Advisor must work with the Candidate for a minimum of 12 weeks.

The Parent/Community Representative distributes questionnaires about the Candidate's work to each family that has a child in the Candidate's care and collects them. S/he also observes the Candidate at work and records the observation.

When the Candidate, Advisor, and Parent/Community Representative have finished information collection, the three team members complete an assessment request form, which the Candidate sends to the CDA national office with an assessment fee. Then the CDA national office assigns a specially trained CDA Representative to the Local Assessment Team. This person arranges for the meeting, observes the Candidate at work, and interviews the Candidate about her/his knowledge and work in each of the 13 functional areas.

3. Team Meeting

Finally, the Local Assessment Team meets to present and review the information collected about the Candidate's work and to make a decision about award of the Credential. Standard procedures are observed at every meeting to insure a fair and accurate assessment. The CDA Representative opens the Local Assessment Team meeting, explains the procedures to be used, and verifies in writing that all requirements and procedures have been observed. During the meeting, all four team members participate on an equal footing—presenting information, discussing, voting, and developing a written profile of the Candidate.

4. Credential Award

After the team meeting is completed, the CDA Representative collects the assessment materials and sends them to the CDA national office. If the materials are complete and the Local Assessment Team has followed required procedures, the CDA National Credentialing Program accepts the team's recommendation. If Credential award is recommended, the credentialing fee is collected and the official Credential is sent to the new Child Development Associate. If the Local Assessment Team recommends more training for the Candidate, the national office invites the Candidate to reapply for assessment and informs her/him of appeal procedures.

5. Renewal

A CDA Credential is valid for 3 years from award, after which it may be renewed for 5-year periods. CDAs may renew their Credential only for the original setting, age-level endorsement, and specialization. A Credential for a different setting, endorsement, or an added specialization can be earned only through a new assessment.

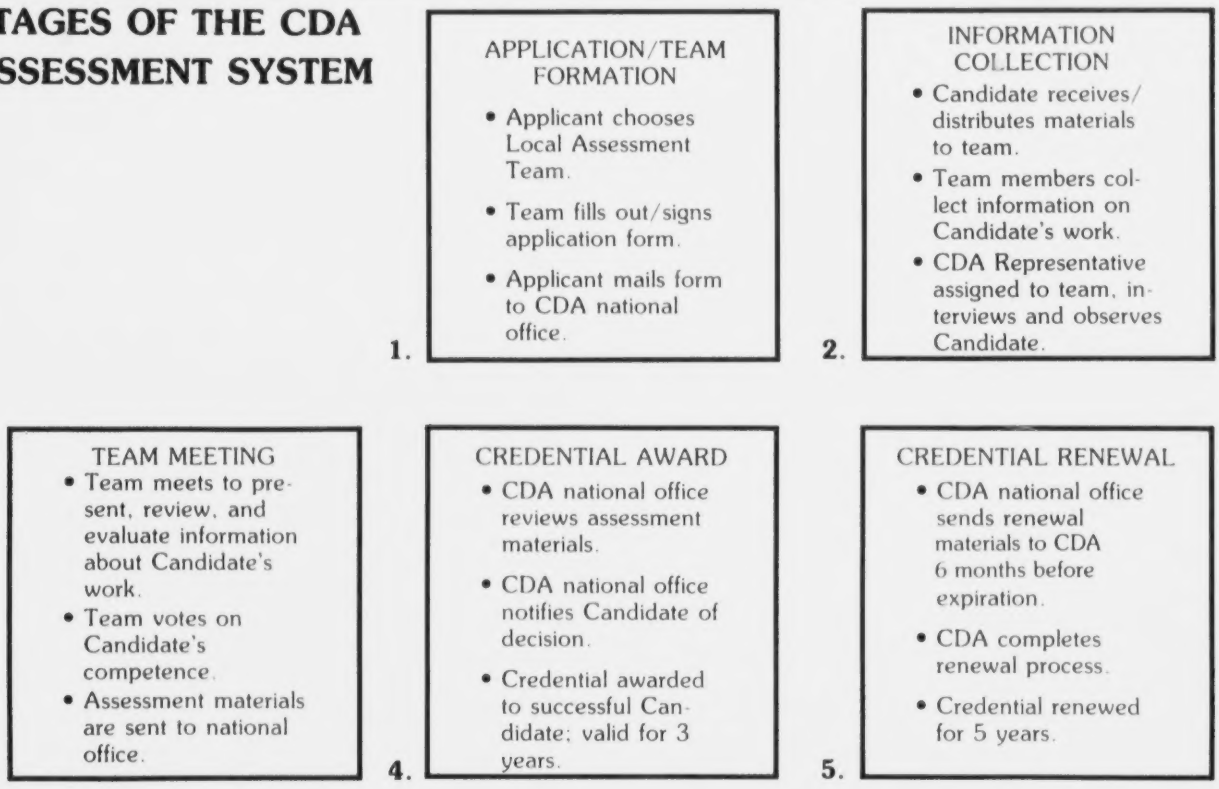
The renewal process involves three steps:

1. Preparing a written "self-appraisal" that includes an updated autobiographical statement and a description of the renewal Candidate's professional development in each of the 13 functional areas.
2. Meeting with two reviewers (an Early Childhood Education Reviewer and a Parent/Community Reviewer) to discuss the self-appraisal and draft a professional development plan.
3. Mailing a copy of the self-appraisal document and professional development plan to the CDA National Credentialing Program with the renewal fee.

The CDA National Credentialing Program automatically sends renewal materials to CDAs 6 months before expiration of the Credential.

FIGURE 2.

STAGES OF THE CDA ASSESSMENT SYSTEM


APPLICATION/TEAM FORMATION
• Applicant chooses Local Assessment Team.
• Team fills out/signs application form.
• Applicant mails form to CDA national office.
1.
INFORMATION COLLECTION
• Candidate receives/distributes materials to team.
• Team members collect information on Candidate's work.
• CDA Representative assigned to team, interviews and observes Candidate.
2.
TEAM MEETING
• Team meets to present, review, and evaluate information about Candidate's work.
• Team votes on Candidate's competence.
• Assessment materials are sent to national office.
3.
CREDENTIAL AWARD
• CDA national office reviews assessment materials.
• CDA national office notifies Candidate of decision.
• Credential awarded to successful Candidate; valid for 3 years.
4.
CREDENTIAL RENEWAL
• CDA national office sends renewal materials to CDA 6 months before expiration.
• CDA completes renewal process.
• Credential renewed for 5 years.
5.

Pacing the Assessment

Except for the requirement that the Advisor work with the Candidate for at least 12 weeks, the Candidate can pace the assessment to suit her/his own situation. One can move through the assessment system as quickly or as gradually as s/he is able to complete her/his own responsibilities and facilitate the work of other team members. Some Candidates complete their assessment in a few months; many take a year or more.

When planning an assessment, the individual should allow enough time for the CDA national office to process assessment forms. It may take as long as 1 month from the time the CDA national office receives an application until the Candidate receives assessment materials for the information collection stage. After the Candidate notifies the CDA national office that the Local Assessment Team is ready for the meeting, it can take up to 2 months for a CDA Representative to be assigned. The spring months are the most popular for assessment, and CDA Representative assignments take much longer at that time.

Bilingual Specialization

A Candidate who speaks, reads, and writes both Spanish and English and works in a bilingual home visitor program can be assessed for the bilingual specialization CDA Credential. Local Assessment Team members in a bilingual specialization assessment must also be fluent in both languages and meet additional eligibility requirements and information collection responsibilities. These are presented in part II of this book.

There is no one model of bilingual/bicultural education that a Candidate for the CDA bilingual specialization should follow. A competent Candidate is knowledgeable about the development of language, bilingual communication, and the integration of culture and language. The home visitor Candidate should have specific program goals for helping parents define the language and cultural needs of the family, understand bilingual goals, and identify their own resources to support their children's bilingual development.

In a center-based, family day care, or home visitor setting, bilingual specialization Candidates will demonstrate skills in all functional areas and competence in promoting bilingual development. Seven of the 13 CDA functional areas have been identified as "critical bilingual areas." It is particularly important for bilingual specialization Candidates to demonstrate skills in these areas: Learning Environment, Communication, Self, Social, Families, Program Management, and Professionalism. The Competency Standards in part III of this book contain special bilingual examples in these critical functional areas. Candidates and other team members will think of many additional examples of competent behavior for bilingual home visitors.

At this time, the bilingual specialization is available only to caregivers in bilingual Spanish/English programs. Groups or individuals interested in a bilingual specialization in other languages should contact the CDA national office to discuss the possibility.

Part II

Eligibility Requirements and Information Collection Responsibilities for Home Visitor Assessments

Part II contains the eligibility requirements and information collection responsibilities for members of the Local Assessment Team for CDA **home visitor assessments.**

A home visitor setting for CDA assessment is **an established program of home visits to families to work with children 5 years old or younger and to support parents in meeting the needs of their young children. In this setting, regular home visits are the primary method of program delivery.**

Home visitors may work in a federally supported program, such as Home Start or the Head Start Home-Based Program, a state-sponsored program, or a privately funded parent-infant education project. Most programs are based on weekly visits to families, but the length of visit and size of caseload vary. Programs also differ in the use and content of prepared curricula.

The eligibility requirements that follow ensure that all Local Assessment Team members have sufficient knowledge and experience with home visitor programs to assess the competence of the individual Candidate. The information collection responsibilities for team members are designed to assure that accurate information about the Candidate's performance as a home visitor will be gathered during the assessment process. The team will evaluate the Candidate's ability to meet the needs of the families in her/his care. For example, if the Candidate works with families with 2- to 4-year-olds, the team will evaluate her/his competence working with parents of toddlers and preschool children. If the Candidate works with families with children from 2 to 30 months, the team will evaluate her/his competence with infants and toddlers.

Candidate Eligibility Requirements

The applicant must meet the following eligibility requirements:

A. Personal

1. Be 18 years old or older.
2. Sign a statement of professional conduct on the application form.
3. Be able to speak, read, and write well enough to fulfill the responsibilities of a CDA Candidate.
4. Be able to participate in an interview with the CDA Representative and in the Local Assessment Team meeting.

B. Setting

1. Identify an established program of home visits to families to work with children 5 years old or younger and to support parents in meeting the needs of their young children, where regular home visits are the primary method of program delivery.
2. Be able to be observed by all members of the CDA Local Assessment Team while conducting home visits with a minimum of four families with children 5 years old or younger.
3. Obtain permission for observations of the applicant in four homes by Local Assessment Team members, as follows:
   a. Explain to parents their role in the CDA assessment process and the number of observations visits they should expect and ask them to sign a permission form at each observation visit; **and**
   b. Ask the director of the program or person in authority to sign a statement on the application giving permission for the observations to take place.

C. Education

1. Must have had a total of three formal or informal educational experiences.
   a. Formal educational experiences can include courses given by an accredited university, college, junior college, vocational school, or high school. Each course counts as one educational experience. Official transcripts from the educational institution must be submitted to the CDA national office to verify formal educational experiences.
   b. Informal educational experiences can include workshops, seminars, or inservice programs. Each workshop or program counts as one educational experience. The applicant must verify successful completion of educational experiences on the application.
2. At least two experiences must be in the field of early childhood education, child development, or infant development and care. One experience may be in one of the following areas: nutrition, child health, child protection, family systems, or parent-child relations, parent education, or adult education.

D. Experience

Must have had, within the past 5 years, at least 480 hours of experience working with families in a home visitor program as described in **B.1.** The applicant must have worked on a continuing basis with a minimum of four families with children 5 years old or younger.

E. Bilingual Specialization

In addition to meeting the requirements listed above, the applicant for the bilingual specialization must meet the following requirements:

1. Be able to speak, read, and write well enough in both English and Spanish to understand and be understood by both children and adults.
2. Be able to be observed working with families in a bilingual program, where parents are helped to understand their bilingual needs and goals and to support their children's bilingual development. The Candidate may use Spanish and/or English during observations, according to the needs of the families.

Candidate Information Collection Responsibilities

The Candidate's two major responsibilities in the assessment process are to coordinate the work of the Local Assessment Team and to prepare a portfolio. The portfolio contains examples that demonstrate the Candidate's competence in each of the 13 functional areas of the CDA Competency Standards for Home Visitors. Successful portfolios are as varied as the individuals who compile them, but each Candidate must fullfill the following responsibilities when preparing one:

A. Portfolio

The Candidate's portfolio must contain the following:

1. A brief autobiographical statement of about 300 words.
2. A program description that includes:
   a. Goals and philosophy of the program, and
   b. A description of the families the Candidate visits, including: number of children and their ages; special needs; languages spoken in the homes and community; and cultural backgrounds.
3. One section for each of the 13 functional areas.
4. At least three written entries in each section describing the Candidate's work in that functional area. All three entries must be related to the Candidate's work with parents and children in the home setting.
   a. Each entry must explain in writing:
      ☐ How it relates to the Candidate's competence in that functional area; and
      ☐ How it relates to the developmental level of the children in the families (except for sections on Families, Program Management, and Professionalism).
   b. Within each functional area section (except for sections on Families, Program Management, and Professionalism), there must be at least one entry that relates to each age level of children in the families the Candidate visits. (For example, if the Candidate visits families with a 5-month-old, a 2-year-old, and a 4-year-old, at least one entry must relate to infants; one, to toddlers; and one, to preschool children.) A single entry may relate to all age levels in the families if a specific written explanation is included for each level.
5. Documentation of competence working with families with different age levels of children, to be included in the Candidate profile developed at the Local Assessment Team meeting. The Candidate's profile will include a record that s/he has been observed and evaluated with families with children of a given age level (young infants, mobile infants, toddlers, and/or preschool children) if:
   a. There is one portfolio entry in each functional area (except Families, Program Management, and Professionalism) that relates to that age level, and the age level is specifically recorded in the entry; **and**
   b. There is at least one observation recording by another team member for that age level, and the age level is specifically recorded on the observation form.
   c. **It is the Candidate's responsibility to ensure that conditions a and b above are met for any age level to be recorded on the profile.**

B. Update

The Candidate must update the portfolio if s/he has changed programs or if the portfolio was completed prior to the program year or more than 12 months before the date of the CDA Representative's observation. To update, the Candidate must do the following:

1. Describe any change in the assessment situation and how it affects the program description (see **A.2**).
2. Make at least one additional entry in each functional area.

C. Bilingual Specialization

In addition to meeting the responsibilities described above, the Candidate for the bilingual specialization must observe the following:

1. Write the portfolio in both Spanish and English. At least one-quarter but no more than one-half of the portfolio and at least three of the critical bilingual functional areas (Learning Environment, Communication, Self, Social, Families, Program Management, and Professionalism) must be written in the Candidate's non-dominant language.
2. Include in the program description the program goals for achieving bilinguality in children and fostering family understanding of bilingual development.
3. Explain in at least one entry in each critical bilingual functional area what the Candidate did to help families understand bilingual development and children gain skills in Spanish and English.

D. Observations in Homes

1. Ask parents to sign permission form for each observation visit and give signed form to the observer.
2. Make sure that no family is observed more than twice by the same team member or more than three times total.

Advisor Eligibility Requirements

The Advisor must meet the following eligibility requirements:

A. Personal

1. Be knowledgeable about local requirements, standards, and guidelines for home visitor programs serving children 5 years old or younger.
2. Become familiar with the home visitor program where the Candidate will be observed and the needs of families and children in the community.
3. Affirm her/his ability to relate to people of various racial, ethnic, and socioeconomic backgrounds.
4. Be able to read, speak, and write well enough to fulfill the responsibilities of a CDA Advisor.

B. Education and Experience

The Advisor must meet education and experience requirements in one of the three combinations set out in **1, 2,** or **3** below:

1. Education:
   a. B.A., B.S., or advanced degree in early childhood education/child development, home economics/child development, nursing, or social work from an accredited college or university; **and**
   b. Two training experiences in infant/toddler development or infant/toddler education. Training experiences can include workshops, inservice training, formal courses, or experience teaching a course or conducting training. Each workshop or course counts as one training experience.

   Experience:
   a. At least 2 years' experience in a home visitor program working directly with parents and children or as a supervisor responsible for the professional development of a home visitor;
   b. If the Advisor has not worked as a home visitor her/himself, s/he must have had at least 1 year's experience working as a primary caregiver for a group of children 5 years old or younger.
2. Education:
   a. An A.A. degree in early childhood education/child development, home economics/child development, nursing, or social work from an accredited 2- or 4-year college; **and**
   b. Two training experiences in infant/toddler development or infant/toddler education. Training experiences can include workshops, inservice training, formal courses, or experience teaching a course or conducting training. Each course or workshop counts as one training experience.

   Experience:
   a. At least 4 years' experience in a home visitor program working directly with parents and children or as a supervisor responsible for the professional development of a home visitor;
   b. If the Advisor has not worked as a home visitor her/himself, s/he must have at least 1 year's experience as a primary caregiver for a group of children 5 years old or younger.
3. Education:
   a. A CDA Credential; **and**
   b. At least 6 semester hours in early childhood education/child development at an accredited college or university, **and**
   c. Two training experiences in infant/toddler development or infant/toddler education. Training experiences can include workshops, inservice training, formal courses, or experience teaching a course or conducting training. Each workshop or course counts as one training experience.

   Experience:
   a. At least 4 years' experience in a home visitor program working directly with parents and children or as a supervisor responsible for the professional development of a home visitor;
   b. If the Advisor has not worked as a home visitor her/himself, s/he must have at least 1 year's experience as a primary caregiver for a group of children 5 years old or younger.
4. Professionals in fields such as home economics, family counseling, and adult education can serve as Advisors if they have the following combination of experience and academic preparation.

   Education:
   a. At least 12 semesters hours in early childhood education or child development from an accredited college or university; **and**
   b. Two training experiences in infant/toddler development or infant/toddler education. Training experiences can include workshops, inservice training, formal courses, or experience teaching a course or conducting training. Each workshop or course counts as on training experience.

Experience:

a. One year's experience working directly with children 5 years old or younger; **and**

b. Two years' experience as a supervisor of adults who work directly with parents and children; **and**

c. At least one of these years of experience (in **a** or **b**) must have been in a home visitor program.

5. Waivers

   The CDA national office will consider waiving certain education and training requirements if an individual provides a written explanation and documentation of alternative formal and informal training and experience related to home visitor programs and early childhood education, child development, or adult education.

C. Conflict of Interest

The Advisor must meet all of the following conditions to avoid a conflict of interest. The Advisor:

1. Must not be working with the same families as the Candidate on an ongoing basis.
2. Must not be a relative of a family with whom the Candidate works at any time between completion of the application and the Local Assessment Team meeting.
3. Must not be related by blood or marriage or other legal relationship to the Candidate.
4. Must not serve as an Advisor to a person who served on the Advisor's own Local Assessment Team for a CDA assessment. (No two people can serve on each other's Local Assessment Team.)

D. Bilingual Specialization

In addition to meeting the requirements listed above, the Advisor to a Candidate for a bilingual specialization must be able to read, speak, and write English and Spanish well enough to understand and be understood by both children and adults.

Advisor Information Collection Responsibilities

A CDA Advisor serves as a professional resource for the Candidate during the assessment process and works with the Candidate for at least 12 weeks. The Advisor must observe the Candidate at work and record these observations and recommendations for improvement on the Advisor report form (for use at the Local Assessment Team meeting). The Advisor should give the Candidate regular feedback about her/his performance during the assessment process and advice about preparation of the portfolio.

The Advisor must fulfill the following information collection responsibilities:

A. Observations

1. Observe the Candidate conducting home visits with at least **three** different families. On these occasions, the Advisor must record observations of the Candidate's performance in each of the 13 functional areas, if possible. In total, the Advisor must record three separately dated (at least 3 weeks apart) observations of the Candidate's performance in each functional area. More than three observation visits may be necessary to fulfill this requirement.
2. Complete the Advisor report form, which records the Advisor's observations of the Candidate's performance (at least three separately dated observations at least 3 weeks apart in each functional area) and at least one recommendation for improvement in each functional area.

B. Update

The Advisor must update the Advisor report form if the Candidate has changed programs or if the Advisor's last observation was made prior to the program year or more than 12 months before the date of the CDA Representative's observation of the Candidate. To update, the Advisor must:

1. Observe the Candidate conducting a home visit.
2. Record observations in each functional area or note that no change in competence was observed.

C. Bilingual Specialization

In addition to carrying out the responsibilities listed above, the Advisor to a Candidate for the bilingual specialization must:

1. Observe the Candidate working with families in English and/or Spanish, according to the needs of the families.
2. Observe and record examples of the home visitor Candidate helping families understand their children's bilingual development.

Parent/Community Representative Eligibility Requirements

The Parent/Community Representative must meet the following eligibility requirements:

A. Personal

1. Be or have been a parent or guardian of a child 5 years old or younger.
2. Be able to read, speak, and write well enough to fulfill the responsibilities of a Parent/Community Representative.
3. Be able to observe the Candidate, prepare a written report of the observation, collect information from the families in the Candidate's care, and participate in the Local Assessment Team meeting.
4. Be willing to serve as a spokesperson for the parents and community.

B. Involvement with Program

Have been involved, within the past 2 years, as a volunteer or parent with a home visitor program, not necessarily the Candidate's.

C. Conflict of Interest

The Parent/Community Representative must meet all of the following conditions to avoid a conflict of interest. The Parent/Community Representative:

1. Must not be presently employed by the home visitor program or any agency that funds the program where the Candidate will be observed.
2. Must not be the relative of a family with whom the Candidate works at any time between completion of the application and the Local Assessment Team meeting.
3. Must not be related by blood or marriage or other legal relationship to the Candidate.
4. Must not serve as a Parent/Community Representative for a Candidate who served on the Parent/Community Representative's own Local Assessment Team. (No two people can serve on each other's Local Assessment Team.)

D. Bilingual Specialization

In addition to meeting the requirements listed above, the Parent/Community Representative for a Candidate for the bilingual specialization must be able to read, speak, and write English and Spanish well enough to understand and be understood by both children and adults.

Parent/Community Representative Information Collection Responsibilities

The CDA Parent/Community Representative serves as the spokesperson for the parents and community during the Candidate's assessment. This person contacts the families that the Candidate visits and distributes questionnaires asking for their evaluation of the Candidate's work. The Parent/Community Representative also observes the Candidate at work and records that observation for use at the Local Assessment Team meeting.

The Parent/Community Representative must fulfill the following information collection responsibilities:

A. Parent Questionnaire

1. Distribute questionnaires to all families that the Candidate visits, including any new families assigned to the Candidate after initial distribution of the questionnaires.
2. Collect the questionnaires and tally the number returned for use at the Local Assessment Team meeting. Account for all questionnaires that are not returned.
3. Make sure that at least one of the questionnaires read at the Local Assessment Team meeting has been filled out by a parent with whom the Candidate is currently working.

B. Observation

1. Observe the Candidate conducting home visits with at least two different families.
2. Complete an observation form describing the Candidate's performance.

C. Update

The Parent/Community Representative must update the information s/he has collected if the Candidate has changed programs or if the observation was conducted prior to the program year or more than 12 months before the CDA Representative's observation of the Candidate. To update, the Parent/Community Representative must:

1. Observe the Candidate conducting a home visit with a family and record observations in each functional area or note that no change in competence was observed.
2. If the Candidate has changed programs, distribute new questionnaires to all families and follow the procedures outlined in **A.**
3. If all questionnaires were completed more than 18 months before the CDA Representative observes the Candidate, distribute new questionnaires to all families and follow the procedures outlined in **A.**

D. Bilingual Specialization

In addition to carrying out the aforementioned responsibilities, the Parent/Community Representative for a Candidate for the bilingual specialization must:

1. Observe the Candidate working with families in English and/or Spanish, according to the needs of the families.
2. Observe and record examples of the home visitor Candidate helping families understand their children's bilingual development.

CDA Representative Eligibility Requirements

The CDA Representative is selected and trained by the CDA national office and must meet the following requirements:

A. Education and Experience

The CDA Representative must meet education and experience requirements in one of the two combinations set out in **1** and **2** below.

1. Education:

   a. At least 30 semester hours of undergraduate study or 24 hours of graduate study in early childhood education/child development at an accredited college or university; **and**

   b. At least 6 of these semester hours must be in infant/toddler development or infant/toddler education; **or**

   c. Experience teaching two courses in infant/toddler development or infant/toddler education.

   Experience:

   The CDA Representative must have at least 3 years' experience in a child care setting serving children 5 years old or younger, as follows:

   a. One year working directly with children as a caregiver, teacher, child life worker, social worker, or similar role; **and**

   b. Two years in a supervisory position with responsibility for the professional growth of a caregiver in a child care setting or a home visitor; **and**

   c. At least 1 year of experience (**a** or **b**) must have been in a program serving infants and toddlers and 1 year must have been in a home visitor program as a staff person, regular consultant, or trainer.

2. Education:

   a. A CDA Credential; **and**

   b. At least 15 semester hours of undergraduate or 12 semester hours of graduate study in early childhood education or child development at an accredited college or university; **and**

   c. At least 6 of these hours must be in infant/toddler development or infant/toddler education.

   Experience:

   The CDA Representative must have at least 4 years' experience in a child care setting serving children 5 years old or younger, as follows:

   a. One year working directly with children; **and**

   b. Three years in a supervisory position with responsibility for the professional growth of a caregiver in a child care setting; **and**

   c. At least 1 year of the experience (**a** or **b**) must be in a child care program serving infants and toddlers, **and** 1 year must have been in a home visitor program as a staff person, regular consultant, or trainer.

3. Waivers

   The CDA national office will consider waiving certain education and experience requirements if an individual provides a written explanation and documentation of alternative formal and informal training and experience related to home visitor programs and early childhood education or child development.

C. Bilingual Specialization

In addition to meeting the requirements listed above, a CDA Representative for a bilingual specialization assessment must meet the following requirements:

1. Be able to speak, read, and write Spanish and English well enough to understand and be understood by both children and adults.

2. Have had direct experience with bilingual early childhood programs and with non-English-speaking minorities.

CDA Representative Information Collection Responsibilities

The CDA Representative is a professional in early childhood education who is knowledgeable about home visitor programs. The CDA Representative has been trained by the CDA national office to observe, interview, make fair judgments, and conduct the Local Assessment Team meeting according to standard procedures. The CDA Representative is assigned to an assessment by the national office.

The CDA Representative fulfills the following information collection responsibilities:

A. Observation

Observe the Candidate conducting home visits with two separate families where children are 5 years old or younger.

B. Interview

Interview the Candidate to clarify any aspect of the observation and to learn more about the Candidate's work. The interview must include:

1. At least one question to the Candidate relating to each functional area.
2. Questions within each functional area (except for Families, Program Management, and Professionalism) must ask the Candidate for a response related to the age levels of all children in the families the Candidate visits (i.e., young infants, mobile infants, toddlers, and/or preschoolers).

C. Bilingual Specialization

In addition to carrying out the responsibilities listed above, the CDA Representative for a bilingual specialization assessment must:

1. Observe the Candidate working with families in English and/or Spanish, according to the needs of the families.
2. Observe and record examples of the home visitor Candidate helping families understand their children's bilingual development.

Part III

CDA Competency Standards for Home Visitors

The CDA Competency Standards are the national standards used for evaluating a home visitor's performance with parents and children during the CDA assessment process. They have been developed to include the many different ways a home visitor can offer services to families. They support the value of home visits as an alternative to center-based programs and are not intended to impose formal or center-like educational styles and routines on home life. They recognize the flexibility of the home environment and the individuality of home visitors in meeting the specific needs of families in their care.

The Competency Standards are divided into six **competency goals**, which are statements of a general purpose or goal for home visitor behavior. The competency goals are common to all child care settings. The six goals are defined in more detail in 13 **functional areas**, which describe the major tasks or functions that a home visitor must complete in order to carry out the competency goals.

Each functional area is explained by a **developmental context**, which generally includes a brief overview of child development from birth to 5 years and provides a rationale for the functional area definition and examples of competent home visitor behavior that follow. Four different developmental levels are identified: young infant (birth-9 months), mobile infant (6-18 months), toddler (16-36 months), and preschool children (3 through 5 years). The age ranges overlap because children develop at different rates, but the descriptions of these levels emphasize the unique characteristics and needs of children at each stage of development.

Each functional area is further explained by a list of sample home visitor behaviors. These examples describe behavior that demonstrates that a Candidate is acting in a competent way or exhibiting a skill in a particular functional area. During the assessment process, most Candidates will exhibit other competent behavior, and a competent Candidate might not demonstrate all the examples listed under a functional area. The examples are organized according to developmental stages of children from birth to 5 years in order to emphasize the importance of helping parents acquire the special skills needed to care for young infants, mobile infants, toddlers, and preschoolers. Special bilingual specialization examples are presented for several functional areas.

The samples of caregiver competency included in the standards should serve as a basis for recognizing other, more specific behaviors that are important to the individual Candidate. A competent Candidate might not demonstrate all the examples listed in the following pages. CDA Candidates, other members of the Local Assessment Team, and individuals conducting or participating in CDA training will be able to think of additional ways to demonstrate skill in the six competency goals and 13 functional areas.

Competent home visitors integrate their work and constantly adapt their skills—always thinking of the parents development, as well as that of the child. In all functional areas, it is important for competent home visitors to individualize their work with each family and respond to families' changing needs. In every area, too, home visitors must support families with different languages and help parents meet the needs of handicapped children and children with special needs. And, while demonstrating skills and knowledge, competent caregivers must also demonstrate personal qualities, such as flexibility and a positive style of communicating with parents and young children.

Competency Goal I

To Establish and Maintain a Safe, Healthy Learning Environment

1. FUNCTIONAL AREA: SAFE

Candidate helps parents provide a safe environment to prevent and reduce injuries.

DEVELOPMENTAL CONTEXT:

One of the most essential services for children is to ensure their safety and well-being. Indoor and outdoor areas should be free of dangerous conditions and materials. Parents should teach children about safety both within and outside the home and comfort children when hurt. Parents should be attentive and have the skills and knowledge to prevent injuries and to handle emergencies, accidents, and injuries appropriately when they occur. In a safe environment, children will learn gradually to protect themselves and look out for others.

Young infants (birth-9 months) must be attended to carefully. A safe and secure environment is essential to their development. Because of infants' vulnerability and relative helplessness, parents must attend to the infant closely in order to ensure his/her continued safety.

Mobile infants (6-18 months) are changing each day. As their rapidly increasing motor skills lead them into new areas, adults must anticipate new hazards that may arise.

Toddlers (16-36 months) are increasingly curious about their world. They stretch boundaries and test everything in their surroundings. Parents must be attentive to their activities and ensure their safety while giving them simple explanations for safety precautions.

Preschool children (3 through 5 years) are gradually able to understand the relative danger or safety of situations and are beginning to be able to take more responsibility for themselves and others.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Helps parents ensure that both the inside of the home and the outdoor play area are free of debris, structural hazards, unguarded space heaters, tools, and dangerous substances, such as medicine, cleaning products, matches, chipping paint, toxic plants, small objects that could be swallowed, balloons, and plastic bags.
- ☐ Advises parents to ensure that safety equipment, such as fire extinguishers and smoke detectors, are in place and operable and to learn how to use them.
- ☐ With the family, plans procedures for fires, natural disasters, or other emergencies and practices these procedures with parents and children using diagrams, pictures, and, where appropriate, language understood by non-English-speaking families.
- ☐ Advises parents to supervise children when stove or other appliances are in use and practice kitchen safety; for example, turn pot handles away from the edge of the stove and keep hot beverages out of reach.
- ☐ Alerts parents to the importance of using safe auto travel procedures, seat belts for self and older children, and appropriate car seats for children under 4 years.
- ☐ Assists parents to determine and make the necessary modifications in their homes to ensure the safety of children with handicaps.
- ☐ Encourages parents to post a list of emergency telephone numbers including poison control, fire company, and medical help.

- ☐ Encourages parents to maintain first aid supplies (including gauze, tape, syrup of ipecac, tweezers, scissors, and soap) and knows basic first aid procedures appropriate for young children, such as how to handle choking, treating cuts, etc.
- ☐ Advises parents not to give food to children which might cause choking, such as whole nuts.
- ☐ Encourages parents to respond immediately and sympathetically to a child's injury or fear of injury and encourages the same response by the children.
- ☐ Encourages parents to take safety precautions in a reassuring manner without overprotecting or making children fearful.
- ☐ Encourages parents to make home safe for children at different developmental stages; for example, putting safety gates on stairways; covering electrical outlets with safety plugs; inspecting children's equipment (such as cribs and car seats) at least weekly; and securing, rearranging, or removing furniture that could fall or be pulled over.
- ☐ Keeps informed about safety standards for toys and equipment and shares this information with parents.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to lock side rails on cribs in "up" position when children are sleeping.
- ☐ Encourages parents to place infants in a comfortable and safe position for sleeping.
- ☐ Advises parents to stay with infants on changing table or when bathing.
- ☐ Encourages parents to remove baby powder, creams, and ointments from infant's reach.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Encourages parents to hold child's hand when near dangerous areas, such as roads, deep water, or steps.
- ☐ Helps parents recognize children's individual differences in their tendency to bite, climb, and escape and anticipate these dangers.

The competent Candidate working with **toddlers** also, for example:

- ☐ Alerts parents to potentially dangerous materials that toddlers may reach for or discover.
- ☐ Supports parents in helping toddlers stop dangerous actions toward themselves and others.
- ☐ Discusses ways to explain dangerous situations to children in simple language, demonstrating as much as possible.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Encourages parents to involve children in making safety rules and to help them understand the reasons for each rule.

In addition, the competent Candidate working towards the **bilingual specialization:**

- ☐ Communicates safety information in both languages.

2. FUNCTIONAL AREA: HEALTHY

Candidate promotes good health and nutrition and helps parents provide an environment that contributes to the prevention of illness.

DEVELOPMENTAL CONTEXT:

Good health involves sound medical and dental practices and good nutrition. Parents should model and encourage good health and nutrition habits with children. Food should be nutritious, prepared carefully, and served in a relaxed atmosphere. Prompt care should be given to children who are or become ill or hurt. Children need a clean environment that is properly lighted, ventilated, and heated or cooled. Indoor and outdoor areas should be free of materials or conditions that endanger children's health. Care of the child's physical needs communicates positive feelings about his/her value and influences the child's developing identity and feelings of self-worth. Parents and home visitors should exchange information about children's physical health frequently.

Young and mobile infants (birth-18 months) need affectionate and competent physical care geared to their individual needs and rhythms. Parents can help infants regulate their eating, sleeping, and other activities gradually, while continuing to balance the infant's and the family's needs.

Toddlers (16-36 months) imitate and learn from the activities of those around them. Good health habits can be established through modeling and encouraging tooth brushing, hand washing, nutritious eating, etc.

Preschool children (3 through 5 years) children are ready to learn the reasons and take responsibility for good health practices, including good nutrition, food preparation, and tooth brushing. They are fascinated by their own bodies and can gradually learn about them.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Provides parents with information on preventive physical and mental health care, dental hygiene, and good nutrition for themselves and for young children and models these for the family whenever possible.
- ☐ Helps families to integrate health and nutrition information from their culture with medically accepted health and nutrition practices.

- ☐ Assists families in establishing links to a preventive health care system and to agencies that can help meet nutritional needs.
- ☐ Helps parents to recognize unusual behavior and physical symptoms in children and to obtain appropriate treatment.
- ☐ Encourages parents to teach children good health habits and self-care skills, such as washing hands before eating and after toileting and brushing teeth.
- ☐ Works cooperatively with health professionals and parents to meet the needs of children with handicapping conditions.
- ☐ Encourages the use of special equipment that enables children with handicaps to function independently.
- ☐ Recognizes symptoms of possible abuse and neglect and is alert to play or behavior that indicates physical or sexual abuse. If physical or sexual abuse is suspected, the competent Candidate seeks out resources for information and support, follows state law in response, responds sensitively to child's and family's needs, and cooperates in carrying out treatment plans.

The competent Candidate working with **infants** also, for example:

- ☐ Helps parents make provisions for sanitary diaper changing and disposal.
- ☐ Encourages parents to wash hands thoroughly before and after each diaper change and before each feeding.
- ☐ Supports mothers who wish to continue breast feeding infants.
- ☐ Provides information about a sanitary procedure for preparing, storing, and labeling baby bottles.
- ☐ Supports parents in responding to infant's individual rhythms, while working towards regularity in feeding, sleeping, and toileting.
- ☐ Recognizes rashes and skin irritations and works with parents to prevent and treat them.
- ☐ Works cooperatively with parents and shares information frequently concerning nutrition, weaning, and introducing solid foods, while showing respect for different practices and values.
- ☐ Encourages parents to offer children opportunities gradually to feed themselves, providing finger foods and adequate time for pleasurable feeding.
- ☐ Advises parents not to put children to bed with a bottle unless it contains water.

The competent Candidate working with **toddlers** also, for example:

- ☐ Uses role playing, modeling, visual material, and real objects to teach healthy physical, mental, dental, and nutritional practices.
- ☐ Talks with parents about age-appropriate expectations of toddlers' abilities and encourages parents to help toddlers to develop self-help skills in eating, toileting, washing hands, tooth brushing, etc.
- ☐ Works with parents in planning for toilet learning, respects different family practices and expectations, and is sensitive to each child's readiness.
- ☐ Helps parents understand toddlers' explorations, concerns, and curiosities about their own and others' bodies and respond with information at their level; for example, explaining the physical differences between boys and girls matter-of-factly in simple terms.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Encourages parents to include children in food preparation and provide other nutrition education activities for children.
- ☐ Supports parents in teaching children about health care by talking about visits to the doctor and dentist, reading books, and encouraging pretend play about health care.

The competent Candidate working towards the **bilingual specialization**, for example:

- ☐ Provides written health information for parents (e.g., notices about immunizations) in both languages.

3. FUNCTIONAL AREA: LEARNING ENVIRONMENT

Candidate helps use space, relationships, materials, and home routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.

DEVELOPMENTAL CONTEXT:

Children of all ages learn from their own experience and by imitation. Parents can guide and encourage children's learning by ensuring that the environment is emotionally supportive; invites active exploration, play, and movement by children; and supports a broad array of experiences. A reliable routine together with a stimulating choice of materials, activities, and relationships enhances children's learning and development.

Young infants (birth-9 months) begin to learn from their immediate surroundings and daily experiences. The sense of well-being and emotional security conveyed by a loving and skilled caregiver creates a readiness for other experiences. Before infants can creep and crawl, adults should provide a variety of sensory experiences and encourage movement and playfulness.

Mobile infants (6-18 months) are active, independent, and curious. They are increasingly persistent and purposeful in doing things. They need many opportunities to practice new skills and explore the environment within safe boundaries. Parents can share children's delight in

themselves, their skills, and discoveries, gradually adding variety to the learning environment.

Toddlers (16-36 months) are developing new language skills, physical control, and awareness of themselves and others each day. They enjoy participation in planned and group activities, but they are not yet ready to sit still or work in a group for very long. Adults can support their learning in all areas by maintaining an environment that is dependable but flexible enough to provide opportunities for them to extend their skills, understanding, and judgment in individualized ways.

Preschool children (3 through 5 years) continue to learn by doing. Parents can observe children's play; give them time and space to repeat familiar activities; and expand the learning environment in response to their developing skills, interest, and concerns about themselves and their world.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Helps parents select and use readily available materials, books, and equipment that are stimulating to each child and suitable to individual learning styles, including those of handicapped children.
- ☐ Talks with parents about the ways children learn at different ages.
- ☐ Helps parents observe their children and respond to their interests and abilities with information, materials, and activities that will support their learning.
- ☐ Demonstrates acceptance of each family's background, family structure, race, and culture through the materials and activities used during visits.
- ☐ Helps parents to use daily household routines and activities as learning opportunities for their children.
- ☐ Encourages parents to expand their children's learning environment to include the community: for example, trips to local shops, the post office, and community events.
- ☐ Helps parents to make toys and equipment for children from free or inexpensive materials found in the home and to use their homes as learning environments for their children.
- ☐ Encourages parents to establish routines that are simple and consistent for such things as cleaning up, preparing to go out, eating, and sleeping.
- ☐ Supports parents in using materials from their own culture—such as music, dress, and food—as learning experiences for their children.
- ☐ Helps parents modify the home and provide special equipment and materials that allow children with handicaps to move freely, have access to toys and materials, and see what is going on.
- ☐ Encourages parents to limit time television is on, choose programs appropriate for young children, and talk with children about what they see and hear.
- ☐ Supports relationships between family members as an important aspect of the learning environment.
- ☐ Encourages parents to give individual attention to each child.
- ☐ Works with parents to encourage children to become involved in activities that extend their attention spans.
- ☐ Encourages parents to allow children space and time to explore and play with safe household materials and everyday objects, such as pots and pans, magazines, and empty cartons.
- ☐ Talks with parents about the ways children learn from watching adult activities, asking questions, and helping parents.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to change an infant's position and location often during the day and respond to the child's developing skills, such as sitting up, rolling over, reaching for objects, and making noises.
- ☐ Helps parents provide a learning environment for nonmobile infants that encourages mouthing, reaching, batting, grasping, babbling, and social interaction.
- ☐ Encourages parents to carry the child about in arms, on a hip, or in a sling frequently.
- ☐ Supports parents in providing the infant with the sights and sounds of other living things—humans, animals, and plants—including parent's own face.
- ☐ Supports parents in recognizing the importance of their relationship with their infant as the base of the infant's learning environment.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Helps parents arrange room so that mobile infants have an area for free movement protected from older children and pets.
- ☐ Encourages parents to "baby-proof" the environment so that there are many opportunities for child-initiated learning and limit-setting is minimized.
- ☐ Helps parents understand that intense feelings and rapid changes in mood and energy influence the child's response to the environment and helps them adjust routines, activities, and materials supportively.

The competent Candidate working with **toddlers** also, for example:

- ☐ Helps parents introduce a variety of materials and opportunities for learning based on an understanding of toddlers' developmental level, abilities, and interests.
- ☐ Encourages parents to provide a step stool so that children can use toilet and wash hands independently as soon as possible.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Models the use of spontaneous opportunities for learning throughout the day; for example, matching and counting socks, talking about the different textures and tastes of ingredients while cooking, recognizing shapes of food containers, asking older children to look at a book and tell the story to younger children.
- ☐ Encourages parents to provide preschool children with a protected space for their activities when necessary; for example, lets them work on a high table so that infants and toddlers cannot interfere with their play or reach small pieces of toys.
- ☐ Helps parents learn to observe and listen to children in their play and respond to their interests by supplying new materials, information, books, and opportunities to extend their learning.
- ☐ Provides parents with information about community resources such as story hour at the library.

In addition, the competent Candidate working towards the **bilingual specialization**, for example:

- ☐ Encourages parents to use objects, music activities, and celebrations that are meaningful to young children to encourage development of both languages and cultures.
- ☐ Helps parents identify resources in their homes, families, and community that will support the development of both languages.

Competency Goal II

To Advance Physical and Intellectual Competence

4. FUNCTIONAL AREA: PHYSICAL

Candidate helps provide a variety of equipment, activities, and opportunities to promote the physical development of children.

DEVELOPMENTAL CONTEXT:

Physical development is an essential part of the total development of children. Developing physically includes using large and small muscles, coordinating movements, and using the senses. Large-motor development includes strengthening and coordinating the muscles and nervous system, controlling large motions using the arms, legs, torso, or whole body. Small-motor development involves the ability to control and coordinate small, specialized motions using the eyes, mouth, hands, and feet. Parents should provide materials, equipment, and opportunities for indoor and outdoor activities that encourage this development and recognize and respect the wide differences in individual rates of physical development.

Young infants (birth-9 months) begin all learning through physical movement, taste, touch, smell, sight, and sound. By moving their arms, hands, legs, and other body parts, by touching and being touched, infants develop an awareness of their bodies and their ability to move and interact with the environment. By using their mouths to explore, hands to reach and grasp, whole bodies to roll over and sit up, they master the necessary skills needed for developmental stages that follow.

Mobile infants (6-18 months) delight in practicing and achieving new physical skills: crawling, standing, sitting down, cruising, and walking. They interact with their environment in a practical way, using all their senses to examine and manipulate objects, and begin to understand cause and effect, space, and distance in this way.

Toddlers (16-36 months) continue to master physical skills at their own individual rates. Their learning and interaction with the environment continue to be active. Although they are gaining greater control and satisfaction through use of their small muscles (e.g., painting, drawing, or working with puzzles), they need opportunities to exercise their large muscles often each day.

Preschool children (3 through 5 years) are gradually refining new skills: skipping, drawing, threading, throwing, and catching. They are interested in learning subtle differences through their senses: sweet and sour, rough and smooth, high and low, loud and soft. They can sit still for longer periods of time when they are absorbed in using their small muscles on a puzzle or an art project. They also need daily opportunities to exercise their large muscles in free play and organized activities. Daily physical activities can promote children's cognitive, creative, and language growth, as well as their physical development.

For example, the competent Candidate working with infants, toddlers, and preschool children:

- ☐ Helps parents develop realistic expectations for each child and shares information about individual rates of physical development.
- ☐ Helps parents recognize the importance of active play in the home and out of doors each day.
- ☐ Encourages parents to play actively with their children and share activities from the family's culture such as dances, music, and games.

- ☐ Assists parents in recognizing and using opportunities for children to develop their senses by noticing colors, smelling odors, distinguishing sounds, feeling and touching a variety of objects, and tasting different foods.
- ☐ Helps parents recognize signs of physical handicaps and developmental delays in their children and find assistance as early as possible.
- ☐ Encourages parents to avoid overprotecting children with handicaps, to support their independence, and to include them in physical activities with other children, making modifications only when necessary.
- ☐ Encourages parents to provide activities that build on the strengths of each child and to help each child recognize his or her accomplishments.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to give infants freedom and opportunities to move and explore in a variety of safe spaces, e.g., bare floor, carpet, mattress, grass.
- ☐ Supports parents in providing warm and loving physical contact to infants, with variety in physical contact from soothing to stimulating, depending on the infant's readiness and need.
- ☐ Encourages parents to provide appropriate activities and materials to help infants develop small muscles by grasping, dropping, pulling, pushing, throwing, fingering, mouthing.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Provides information about the importance of active manipulation of a variety of objects and the use of tools; for example, strings to pull toys, a pail to carry objects, a shovel to scoop sand.
- ☐ Supports parents' pleasure in their children's achievements and encourages them to provide safe opportunities for children to practice repeatedly creeping, crawling, cruising, walking, climbing, descending stairs, and other physical movements.
- ☐ Suggests opportunities for the development of eye-hand coordination in ways that are challenging and satisfying for the child; for example, fitting objects into a hole in a box, self-feeding.

The competent Candidate working with **toddlers** also, for example:

- ☐ Helps parents increase the variety of opportunities for large- and small-muscle activity and sensory development as children are ready, e.g., introducing ride-on toys, play dough, puzzles, listening games, fingerplays, boxes for climbing.
- ☐ Supports parents in toilet teaching when toddlers appear to be ready.
- ☐ Encourages parents to find many opportunities for outdoor large-muscle play.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Encourages parents to play physical games with children, such as tag or jump rope, emphasizing each individual's pleasure in the activity rather than competition.
- ☐ Offers suggestions for children to practice small-muscle control through activities such as tearing and cutting, painting, drawing, using tools, buttoning, and zipping.
- ☐ Encourages parents to help children learn self-help skills, such as tying shoes, both for the physical development it promotes and the positive self-image it fosters.
- ☐ Helps parents provide opportunities for climbing, hopping, running, throwing, and catching to help children develop their large muscles.

5. FUNCTIONAL AREA: COGNITIVE

Candidate encourages parents to provide activities and opportunities that encourage curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children.

DEVELOPMENTAL CONTEXT:

Exploring and trying to understand the world is natural and necessary for children's cognitive or intellectual development. As children learn and grow, their thinking capacities expand and become more flexible. Parents should support and guide this process by responding to children's questions with information and enthusiasm and by using family routines and experiences as learning opportunities. Cognitive growth also requires healthy development in other areas: consistent physical growth, secure emotional behavior, and positive social interaction.

Young infants (birth-9 months) begin cognitive or intellectual learning through their interactions with caring parents in a secure environment. Some of their early learning includes becoming familiar with distance and space relationships, sounds, similarity and differences among things, and visual perspectives from various positions (front, back, under, and over).

Mobile infants (6-18 months) actively learn through trying things out; using objects as tools; comparing; imitating; looking for lost objects; and naming familiar objects, places, and people. By giving them opportunities to explore space, objects, and people and by sharing children's pleasure in discovery, parents can build children's confidence in their ability to learn and understand.

Toddlers (16-36 months) enter into a new and expansive phase of mental activity. They are beginning to think in words and symbols, remember, and imagine. Their

curiosity leads them to try out materials in many ways, and parents can encourage this natural interest by providing a variety of new materials for experimentation. Parents can create a supportive social environment for learning by showing enthusiasm for children's individual discoveries and by helping them use words to describe and understand their experiences.

Preschool children (3 through 5 years), as well as toddlers, continue cognitive growth through actively exploring and manipulating real objects, imitating parents and other children in a variety of roles, and repeating and practicing their learning. Their increasing ability to describe objects and experiences with words reinforces their understanding of abstract concepts. Parents can expand learning through play, introduce a variety of new opportunities for learning, and ensure that preschoolers experience a balance of challenge and success.

For example, the competent Candidate working with infants, toddlers, and preschool children:

- ☐ Observes children's play frequently to assess their cognitive development and readiness for new learning opportunities and shares this information with parents.
- ☐ Helps parents understand their crucial role in their children's learning and intellectual development.
- ☐ Helps parents support the development of children's curiosity, inventiveness, and problem-solving and communication skills.
- ☐ Helps parents locate and use culturally relevant stories, books, and other learning materials.
- ☐ Encourages parents to recognize the value of everyday housekeeping tasks as learning experiences for children.
- ☐ Helps parents recognize differences in individual learning styles and demonstrates ways to work effectively with each child.
- ☐ Helps parents recognize learning problems in their children and obtain help when necessary.
- ☐ Helps parents understand the importance of children's active learning through play and problem solving.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to talk to infants, describing what they feel, hear, touch, and see.
- ☐ Talks with parents about the importance of providing infant with opportunities to handle and inspect a variety of objects.
- ☐ Encourages parents to provide opportunities for infants to interact with parents and children and watch interactions of parents and children.
- ☐ Supports parents in playing imitation games with infants.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Encourages parents to talk, sing, play with, and read to mobile infants.
- ☐ Supports parents in giving children more space to explore as they become more mobile.
- ☐ Talks with parents about the importance of giving children many opportunities to figure out cause and effect, how things work.

The competent Candidate working with **toddlers** also, for example:

- ☐ Helps parents encourage children to ask questions and respond to children in ways that extend their thinking; for example, "That's a good question; let's see if we can find out."
- ☐ Demonstrates ways to ask questions that have more than one answer, encouraging children to wonder, guess, and talk about their ideas; for example, "What do you think might happen...?" or "How do you feel when...?"
- ☐ Encourages parents to provide opportunities for children to organize and group, compare and contrast thoughts, words, objects, and sensations.
- ☐ Encourages parents to involve toddlers in projects such as cooking, gardening, and repairing, when possible.
- ☐ Helps parents reduce distractions and interruptions so that toddlers have opportunities to extend their attention span and work on one activity, such as pretending with dolls or playing with water for a long period of time.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Encourages parents to stimulate exploration, comparing, wondering, and experimentation through everyday materials, conversations, and activities.
- ☐ Encourages parents to help children understand concepts such as space, time, shape, and quantity through many different activities.
- ☐ Shares information with parents about the importance of children's role playing and make-believe in learning.

In addition, the competent Candidate working towards the **bilingual specialization**:

- ☐ Provides opportunities for learning basic concepts in the language most familiar to children and families.
- ☐ Encourages parents to explain basic concepts to children in the language most familiar to them.

6. FUNCTIONAL AREA: COMMUNICATION

Candidate encourages parents to communicate actively with children and provide opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.

DEVELOPMENTAL CONTEXT:

Communication between people can take many forms, including spoken words or sounds, gestures, eye and body movements, and touch. Children need to understand verbal and nonverbal means of communicating thoughts, feelings, and ideas. Parents can help children develop their communication skills by encouraging communication and providing ample opportunity for children to listen, interact, and express themselves freely with other children and parents.

Young infants (birth-9 months) need adults who are attentive to their nonverbal and pre-verbal communication. Parents can provide better care when they respond sensitively to the individual signals of each infant. Infants' early babblings and cooings are important practice for later word expression. Infants' speech development is facilitated by an encouraging partner who responds to their beginning communications and who talks with them about themselves and their world.

Mobile infants (6-18 months) begin to jabber expressively, name familiar objects and people, and understand many words and phrases. Parents can build on this communication by showing active interest in children's expressions, interpreting their first attempts at words, repeating and expanding on what they say, talking to them clearly, and telling simple stories.

Toddlers (16-36 months) increase their vocabularies and use of sentences daily. There is a wide range of normal language development during this time; some children are early, and some are late talkers. Parents should communicate actively with all toddlers—modeling good speech, listening to them carefully, and helping them with new words and phrases. Language should be used in a variety of pleasurable ways each day, including songs, stories, directions, comfort, conversations, information, and play.

Preschool children (3 through 5 years) develop a wide range of abilities to communicate both verbally and nonverbally. Parents should continue to respond actively to their expressions, engage in conversations with them, and build on their verbal and nonverbal understanding and vocabulary.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Provides information on the language development of young children and helps parents develop realistic expectations for their children's understanding and use of speech and language.
- ☐ Talks often with children and encourages and builds on parents' daily conversations and interactions with their children.
- ☐ Encourages parents to establish open communication by often talking with and listening to their children and helping them express themselves.
- ☐ Encourages parents to use songs, games, and stories from their culture for language development.
- ☐ Respects the first language of non-English-speaking families, encourages them to learn English, and provides opportunities for both languages to be used whenever possible.
- ☐ Encourages parents to talk with their children about experiences that are special to their culture or family.
- ☐ Recognizes possible impairments or delays that affect hearing and speech and helps families find resources and treatment.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to respond to the infant's cooing sounds and imitate them, encouraging a "conversation" in which the infant can often take the lead.
- ☐ Encourages parents to talk to infants about what they can see and what is happening while giving physical care, such as diapering and feeding.
- ☐ Talks with parents about the meaning of an infant's beginning communications, such as different kinds of crying.
- ☐ Encourages parents to respond to infant's body signs and nonverbal cues that signal discomfort, excitement, pleasure, etc., and to describe the infant's feeling out loud.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Shares parents' enthusiasm for an infant's first words.
- ☐ Demonstrates ways to elaborate on children's short phrases to help them express intended meaning.

The competent Candidate working with **toddlers** also, for example:

- ☐ Encourages parents to listen patiently to toddlers and use everyday conversations with them to enrich and expand their vocabulary.
- ☐ Suggests providing opportunities for children to represent their ideas nonverbally through activities such as painting, music making, and creative movement.
- ☐ Demonstrates ways to write toddlers' "stories," label their drawings, and write letters to grandparents, showing the relationship between spoken and printed words.
- ☐ Encourages parents to look at picture books and magazines with children to stimulate talking.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Suggests longer story books that parents can read as children become interested.
- ☐ Encourages children to take turns talking and listening instead of interrupting each other or parents and ensures that each child has a chance to talk.
- ☐ Encourages parents to talk with children about their experiences and to describe what they are doing.

In addition, the competent Candidate working towards a **bilingual specialization**, for example:

- ☐ Demonstrates ability to understand, speak, read, and write in both languages.
- ☐ Understands the principles and characteristics of bilingual language development in children and explains these to parents.
- ☐ Assesses each child's language abilities, shares this information with parents, and suggests activities that are appropriate to the child's level of development in each language.
- ☐ Helps parents understand the importance of children's learning the first language and culture and their role in providing experiences to meet this goal.
- ☐ Helps parents understand the child's attempts at communication in the second language.
- ☐ Encourages parents to allow children opportunities to express themselves in the language of their choice.

7. FUNCTIONAL AREA: CREATIVE

Candidate helps parents provide opportunities that stimulate children to play with sound, rhythm, language, materials, space, and ideas in individual ways and to express their creative abilities.

DEVELOPMENTAL CONTEXT:

All children are imaginative and have creative potential. They need opportunities to develop and express these capacities. Creative play serves many purposes for children in their cognitive, social, physical, and emotional development. Parents should support the development of children's creative impulses by respecting creative play and by providing a wide variety of activities and materials that encourage spontaneous expression and expand children's imagination.

Young and mobile infants (birth-18 months) are creative in their unique and individual ways of interacting with the world. Parents can support their creativity by respecting and enjoying the variety of ways very young children express themselves and act on their environment.

Toddlers (16-36 months) are interested in using materials to create their own product—sometimes to destroy and create it again or to move on. For example, they become absorbed in dipping a brush in paint and watching their stroke of color on paper. They use their voices and bodies creatively: swaying, chanting, and singing. They enjoy making up their own words and rhythms as well as learning traditional songs and rhymes. Parents can provide raw materials and opportunities for toddlers' creativity and can show respect for what they do. Make-believe and pretend appear gradually, and parents can join in imaginative play, while helping toddlers distinguish between what is real and what is not.

Preschool children (3 through 5 years old) can express their creativity in increasingly symbolic ways through the use of their bodies, words, and materials (building blocks, music, dance, art) and through make-believe. Parents can promote creativity by providing space, time, and materials for children to create and recreate their individual works, their own dramas, and their unique solutions to problems and by respecting the process of creativity as much as the product.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Helps parents understand the importance of supporting children's creative expression by providing the time and an environment that encourages children to explore, to pretend, and to express their own ideas in meaningful ways.
- ☐ Recognizes and helps parents understand that the process of creating is as important as the product.
- ☐ Encourages parents to accept and praise children's creative expressions and ideas and to display their work respectfully.
- ☐ Encourages parents to include children in music, dance, celebrations, and other expressive cultural activities.
- ☐ Encourages and reinforces new ideas and creative expression from parents.
- ☐ Helps parents plan creative activities in which children with handicaps can participate easily and enjoy themselves.
- ☐ Models and encourages parents to participate in "messy" activities with children such as water play, sand play, finger painting, and cooking.

The competent Candidate working with **young and mobile infants** also, for example:

- ☐ Helps parents understand that exploration and discovery by infants through their movements, voice, and expression are creative acts.
- ☐ Supports parents in observing and responding to infants' initiatives to play, move, and use materials, gradually introducing new things to be combined and used in ways that infants can invent; for example, pieces of fabric of different colors and textures, rhythm instru-

ments or objects that make different noises, assorted empty food containers.

- ☐ Encourages parents to provide a variety of music and rhythm experiences for infants.
- ☐ Shares infants' joy in a variety of ways—clapping, smiling, hugging—in order to encourage their spontaneity and creativity.

The competent Candidate working with **toddlers** also, for example:

- ☐ Encourages parents to gradually introduce a variety of art materials gradually, allow toddlers time to explore them in their own ways, and show interest in what they do.
- ☐ Suggests dress-up clothes and other "props," including those from the family's culture(s), for creative play.
- ☐ Encourages parents to play make-believe with each toddler, following the child's lead and taking care not to overstimulate or frighten the child.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Keeps informed about cultural resources in the community and shares this information with parents.
- ☐ Talks with parents about the importance of encouraging and praising children's use of imagination in telling stories, playing make-believe, singing their own songs, and other creative activities.
- ☐ Encourages parents to provide crayons, paper, paste, and scissors in a place where children can use them independently.

In addition, the competent Candidate working towards a **bilingual specialization:**

- ☐ Encourages the identification and representation of creative forms found in the art, music, and dance of the families' cultures.

Competency Goal III

To Support Social and Emotional Development and Provide Positive Guidance

8. FUNCTIONAL AREA: SELF

Candidate supports parents in providing physical and emotional security for each child and helping each child to know, accept, and take pride in himself or herself and to develop a sense of independence.

DEVELOPMENTAL CONTEXT:

All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem and, at the same time, encourages respect for the feelings and rights of others. Knowing one's self includes knowing about one's body, feelings, and abilities. It also means identifying one's self as a girl or boy and a member of a family and a larger cultural community. Accepting and taking pride in one's self comes from experiencing success and being accepted by others as a unique individual. Self-esteem develops as children master new abilities, experience success as well as failure, and realize their effectiveness in handling increasingly challenging demands in their own ways.

Young infants (birth-9 months), during the first few weeks and months, begin to build a sense of self-confidence and security in an environment where they can trust that a parent will lovingly care for their needs. The parent feeds the child when hungry, keeps the child warm and comfortable, soothes the child when distressed, and provides interesting things to look at, taste, smell, feel, hear, and touch.

For mobile infants (6-18 months), a loving parents is a "home base" who is readily available and provides

warm physical comfort and a safe environment to explore and master. This emotional stability is essential for the development of self-confidence as well as language, physical, cognitive, and social growth.

Toddlers (16-36 months) become aware of many things about themselves, including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas: independence and dependence, confidence and doubt, fear and power, hostility and love, anger and tenderness, aggression and passivity. The wide range of toddlers' feelings and actions challenge the resourcefulness and knowledge of parents who provide them emotional security.

Preschool children (3 through 5 years) continue to need a reliable environment and secure relationships with parents as they learn more about themselves in an expanding world: peers, school, neighborhood, and society. They are proud of their new skill in caring for themselves, developing friendships, building and making things work, understanding, and achieving. Parents can support them by respecting and recognizing the strengths and needs of each child and by providing experiences that help them grow as individuals.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Encourages parents to know, accept, and appreciate each of their family members as individuals.
- ☐ Demonstrates sensitivity to differing cultural values and expectations concerning independence, autonomy, and expression of feelings.

- ☐ Helps parents encourage their children to practice self-help skills when eating, getting dressed, using toys and equipment, and cleaning up.
- ☐ Encourages parents to delight in their children's success, express kindness and support when a child is having trouble, and help children learn from mistakes.
- ☐ Supports parents in making careful arrangements for babysitters when necessary, helping children and babysitters get to know each other, and sharing details about the child's needs, interests, and routines with the babysitter.
- ☐ Supports parents' confidence in themselves as individuals and in their parenting role.
- ☐ Models the recognition and expression of feelings by identifying and describing her/his own.
- ☐ Assists parents in helping their children have realistic and positive feelings about themselves and their abilities.
- ☐ Encourages parents to praise children for individual accomplishments and not to dwell on failures.
- ☐ Understands the effect of abuse and neglect on children's self-concept and works sensitively with such children and their families.

The competent Candidate working with **young infants** also, for example:

- ☐ Encourages parents to listen carefully to an infant's cry and make decisions quickly and appropriately: allow an infant to cry briefly when settling into sleep, comfort an infant who is distressed, or feed an infant who is hungry.
- ☐ Helps parents understand the importance of not substituting food for affection.
- ☐ Supports parents in providing basic physical care (feeding, bathing, dressing, diapering) gently and pleasantly, respecting the tempo and sensitivities of the baby.
- ☐ Encourages parents to hold the infant close, allowing him/her to feel their body warmth and heartbeat and to feel comfortable in the adult's arms.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Helps parents remove the exploring infant from an obstacle that is too frustrating, comfort the child, and provide an alternative activity.
- ☐ Helps parents recognize and understand periods when the child has difficulty separating from them or is fearful of new adults.
- ☐ Encourages parents to welcome a child who comes for nurturing with a loving voice, hugging,or stroking.

The competent Candidate working with **toddlers** also, for example:

- ☐ Helps parents understand and respond to toddler's intense feelings of love, joy, loneliness, anger, and disappointment with sympathetic attention.
- ☐ Encourages parents to provide opportunities for toddlers to learn to help themselves, such as taking off jackets or pouring juice, and share children's pleasure in new skills.
- ☐ Supports child's developing awareness of him/herself as a member of a family and of an ethnic or social group by talking about families (using photographs, mirrors, or other appropriate objects) and by celebrating cultural events with children and families.
- ☐ Encourages parents to use books, pictures, stories, and discussion to help children identify positively with the events and experiences of their lives; for example, single-parent families, extended families, divorce, moving, or birth of siblings.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Models ways to speaks directly, sincerely, and positively to children about their performance and ideas.
- ☐ Encourages parents to help children recognize and appreciate racial, ethnic, and ability differences and similarities.
- ☐ Encourages cooperation in games and activities so that each child experiences success.
- ☐ Helps parents accept the jealousy that older children may feel towards younger children and find ways to give older children attention.
- ☐ Advises parents to talk with children about "good touching" and "bad touching" as a way of preventing sexual abuse.

In addition, the competent Candidate working towards a **bilingual specialization**, for example:

- ☐ Helps children and parents feel good about themselves as speakers of each language.
- ☐ Supports the child's and parents' attempts to use the second language.

9. FUNCTIONAL AREA: SOCIAL

Candidate encourages parents to ensure that each child feel accepted in the family, to help children learn to communicate and get along with others, and to support feelings of empathy and mutual respect among children and adults.

DEVELOPMENTAL CONTEXT:

Children need to develop social skills that help them work and play cooperatively and productively with other children and parents. To do this, children need to feel

secure themselves, value other people, and enjoy positive social interaction.

Young infants (birth-9 months) enter the world with a capacity and a need for social contact. Yet each one is unique in styles of interacting and readiness for different kinds of interactions. Infants need both protective and stimulating social interactions with a few consistent, caring parents who get to know them as individuals. The parents' understanding response to their signals increases infants' participation in social interactions and their ability to "read" the signals of others.

Mobile infants (6-18 months) are curious about others but need assistance and supervision in interacting with other children. They continue to need one or a few consistent adults as their most important social partner(s).

Toddlers' (16-36 months) social awareness is much more complex than that of younger children. Toddlers can begin to understand that others have feelings too—sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other children and adults. As toddlers become increasingly interested in other children, parents should guide and support their interactions, recognizing that they continue to rely upon parents for emotional stability.

Preschool children (3 through 5 years) welcome social interactions with parents and children. Their social skills develop rapidly, first in periods of parallel play and gradually through more cooperative play. Parents can promote understanding and respect among family members by providing experiences in sharing materials, responsibilities, and social problem solving. Preschoolers can begin to learn about differing individual and family needs in a positive way.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Serves as a model by building a positive relationship with each family member as an individual.
- ☐ Helps parents learn about and deal with typical issues of social development, such as separation anxiety, negative behavior, shyness, sexual identity, and making friends.
- ☐ Assists parents in providing an environment in which children and parents can work and play both cooperatively and independently.
- ☐ Helps parents encourage their children to express feelings and assert their rights in socially acceptable ways.
- ☐ Helps parents encourage siblings to help and respect one another.
- ☐ Helps parents encourage their children to make friends across racial, language, ethnic, age, and gender groupings as well as with children with handicaps.
- ☐ Encourages parents to emphasize their children's unique characteristics rather than comparing their abilities.

The competent Candidate working with **young infants** also, for example:

- ☐ Helps parents recognize that infants need a consistent social partner (caregiver) who is dependable, warm, and loving.
- ☐ Models ways to respond to social gestures and noises of infants and elaborates appropriately, playing responsive social games.
- ☐ Encourages parents to take advantage of opportunities for social play during feeding, bathing, dressing, and other aspects of physical care.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Encourages parents to include infants in social interactions among older children and parents.
- ☐ Suggests ways to support social development through play; e.g., turntaking with a ball, conversation at mealtime, sharing a snack, putting toys away.

The competent Candidate working with **toddlers** also, for example:

- ☐ Helps parents understand that sharing, taking turns, and playing with others is difficult for toddlers and encourage their attempts to use words to resolve conflicts.
- ☐ Encourages cooperation rather than competition.
- ☐ Encourages parents to help toddlers understand that sometimes they must wait for attention because of other family needs.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Suggests ways for parents to involve older children in helping younger ones.
- ☐ Encourages parents to help children recognize their own and others' feelings, similarities, and differences and helps them empathize with others.
- ☐ Helps all children feel valued as members of the family.
- ☐ Suggests stories, pictures, and other materials to help children deal with issues such as sharing, separation, negative behavior, and handicaps.

In addition, the competent Candidate working towards a **bilingual specialization:**

- ☐ Recognizes that each language is associated with a distinct social system with specific roles and expectations and helps parents appreciate the skills children must gain in order to alternate between two languages and cultures comfortably.

10. FUNCTIONAL AREA: GUIDANCE

Candidate helps parents provide a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals with a family.

DEVELOPMENTAL CONTEXT:

Knowing what behavior is appropriate or acceptable in a situation is an important skill. Children develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when parents' expectations realistically take into account each child's development and needs.

Young infants (birth-9 months) begin to adapt their rhythms of eating and sleeping to the expectations of their social environment through the gentle guidance of sensitive parents who meet their needs. The basic trust in parents and the environment that is established at this time directly affects the child's responsiveness to positive guidance later and promotes the development of self-discipline.

Mobile infants (6-18 months) want to do everything, but they have little understanding about what is permissible and cannot remember rules. Parents can organize the environment in ways that clearly define limits and minimize conflicts. While respecting the child's experiments with saying "no," they can reinforce positive social interaction (e.g., hugging) and discourage negative behaviors (e.g., biting).

Toddlers (16-36 months) move through recurring phases of extreme dependence and independence as they gain new skills and awareness. They require an understanding caregiver who remains calm and supportive during their struggle to become independent. Parents must be resourceful in recognizing and encouraging self-reliant behavior while setting clear limits.

Preschool children (3 through 5 years) can participate in the process of setting group rules and can benefit from learning why they are necessary. They will continue to "test" limits from time to time as they grow more confident and independent. Parents can support them by acknowledging their feelings and remaining consistent about expectations, routines, and limits.

For example, the competent Candidate working with parents of infants, toddlers, and preschool children:

- ☐ Acquaints parents with a variety of positive guidance methods—such as listening, reinforcement, and redirection—and demonstrates the use of these methods with children.
- ☐ Respects cultural childrearing practices and helps parents establish simple, reasonable, and consistent guidelines for children's behavior.
- ☐ Teaches parents how to anticipate confrontations between children and defuse provocative behavior.
- ☐ Encourages parents to alert children to a change in activities well in advance to give them time to prepare themselves.
- ☐ Helps parents address problem behavior rather than labeling the child.
- ☐ Demonstrates ways parents can help children accept their sad or angry feelings and can provide acceptable outlets for children to express them.
- ☐ Observes the family's disciplinary methods and helps parents identify those that are effective.
- ☐ Helps parents use the guidance techniques for handicapped children prescribed as part of the treatment plan.
- ☐ Helps parents relate guidance practices to knowledge of each child's personality and level of development.
- ☐ Recognizes that sometimes serious behavior problems are related to developmental or emotional problems and works cooperatively with parents towards solutions.
- ☐ Is aware of each child's limitations and abilities, recommends guidance techniques accordingly, and explains rules at child's level of understanding.

The competent Candidate working with **young infants** also, for example:

- ☐ Supports parents in creating an environment of love and trust through warmth and responsive caring.
- ☐ Encourages parents to gradually guide infants gradually into regular sleeping and eating patterns while remaining responsive to individual needs.

The competent Candidate working with **mobile infants** also, for example:

- ☐ Helps parents to say "no" when necessary for guidance and safety, move the child or dangerous object, and give a simple explanation.
- ☐ Encourages parents to have realistic expectations about children's attention spans, interests, social abilities, and physical needs.
- ☐ Advises parents to redirect children gently while explaining limits.
- ☐ Suggests ways to give children real choices and accept the choices made; for example, "Shall we make soup or spaghetti for lunch?" or "Do you want to eat your snack at the table or outside?"

The competent Candidate working with **toddlers** also, for example:

- ☐ Encourages parents to let toddlers solve some of their own problems.

- ☐ Helps parents limit inappropriate behavior in ways that show respect and support for the toddler's sense of dignity.
- ☐ Supports parents' strategies for avoiding power struggles with toddlers who say "no" or refuse to cooperate, using redirection, distraction, acceptance, or active listening.
- ☐ Helps parents set consistent and appropriate limits for toddlers and explain the reasons for limits in simple words, demonstrating whenever possible.

The competent Candidate working with parents of **preschool children** also, for example:

- ☐ Encourages parents to involve children in establishing guidelines and limits.
- ☐ Helps parents explain why different limits are set for different age groups; for example, why older children can go outside by themselves while younger ones must wait until an adult can go with them.
- ☐ Encourages parents to help children talk about their conflicts and learn to solve them verbally.

In addition, the competent Candidate working towards a **bilingual specialization,** for example:

- ☐ Uses the language in which each parent and child understands expectations, limits, and guidance.

Competency Goal IV

To Establish Positive and Productive Relationships with Families

11. FUNCTIONAL AREA: FAMILIES

Candidate maintains an open, friendly, and cooperative relationship with each family, encourages parents' involvement in the program, and supports family relationships.

DEVELOPMENTAL CONTEXT:

Today's families take many different forms. Each family has primary responsibility for its own children, and parents may share this responsibility for their children with others. The parents and the home visitor become partners who communicate respectfully and openly for the mutual benefit of the children, the family, and the home visitor. Parenthood is a developmental process, and home visitors can support parents in this role and in their growth and learning as individuals.

Young infants (birth-9 months) are establishing patterns of sleeping, waking, eating, playing, and social activity. They can be supported in developing some stability in these routines by the sensitive and consistent responses of adults. Parents can respond more appropriately to the infant's signals when they discuss with other adults details about the baby's day—sleeping, eating, diapering, activities, and moods.

Mobile infants (6–18 months) have difficulty separating from the parents even in situations where there are with familiar and trusted persons. Parents need opportunities to discuss ways of handling these situations, recognizing that they may be upsetting both for the adults and the child. Parents also need opportunities to discuss reasonable and safe limits as children begin to explore and wander.

Toddlers (16–36 months) develop their own special routines and rituals in order to feel more organized and secure. It is essential that parents understand the child's patterns and provide constant, dependable support for the toddler's growth towards self-definition.

Preschool (3 through 5 years) move back and forth from family to other settings more independently than younger children. They are also more sensitive to the differences between the two environments and observe interactions between their parents and others carefully. Parents should be able to discuss important developments in their children's lives and get support in nurturing their physical, social, emotional, and intellectual growth.

For example, the competent Candidate working with infants, toddlers, and preschool children:

- ☐ Recognizes that children's primary caregivers may be both parents, single mothers or fathers, stepparents, grandparents, uncles, aunts, sisters, brothers, foster parents, or guardians.
- ☐ Recognizes and respects the culture, social background, religious beliefs, and childbearing practices of each family.
- ☐ Supports parents in meeting their own needs as growing and learning individuals.
- ☐ Recognizes that parents' feelings of self-worth are communicated to children.
- ☐ Builds the parents' self-esteem by identifying and praising effective parenting behavior and efforts towards personal development.
- ☐ Promotes activities to foster personal growth of parents such as workshops, community education programs, adult basic education, and career development.

- ☐ Provides opportunities for parents and other family members to take a lead role and to share their skills during visits.
- ☐ Supports parents in becoming involved observers of their children.
- ☐ Encourages parents to assume increasing responsibility for teaching their children, especially by using everyday activities as positive learning experiences.
- ☐ Knows the social expectations within the family and uses them in working with the family as appropriate, e.g. expressions of respect, terms of endearment.
- ☐ Informs parents of confidentiality policies regarding themselves and their children.
- ☐ Supports parents in making arrangements for school or child care when necessary.
- ☐ Supports children and families under stress, working cooperatively with other professionals, as appropriate.
- ☐ Helps parents recognize their feelings and attitudes about handicaps.
- ☐ Helps parents identify resources to diagnose and treat children with handicaps.
- ☐ Helps parents obtain clear and understandable information about their children's handicaps and information about the family's legal right to services.
- ☐ Encourages and assists parents to communicate confidently about their children with government and other community agencies.

In addition, the competent Candidate working towards a **bilingual specialization**, for example:

- ☐ Communicates both orally and in writing regularly with parents and children in their preferred language.
- ☐ Knows parents' views on such issues as the use of first and second languages within the program and incorporates their views into program planning.
- ☐ Supports families' desires to communicate their language and cultural heritage to their children through cultural practices.

Competency Goal V

To Ensure a Well-Run, Purposeful Program Responsive to Participant Needs

12. FUNCTIONAL AREA: PROGRAM MANAGEMENT

Candidate is a manager who uses all available resources to ensure an effective operation. The Candidate is a competent organizer, planner, record keeper, communicator, and a cooperative coworker.

DEVELOPMENTAL CONTEXT:

Running an effective program requires a systematic and responsive approach. Such an approach means that the Candidate can determine the needs of families and children; can make plans based on those needs; and can keep accurate records of needs, plans, and practices. It should include specific plans for meeting the needs of parents and children that are flexible enough to accommodate families' changing needs. Effective program management also involves coordinating communication among involved adults through written information, meetings with parents and resource persons, and frequent informal discussion.

For example, the competent Candidate working with infants, toddlers, and preschool children:

- ☐ Works jointly with the family to identify the strengths and needs of each parent and child.
- ☐ Develops and uses observation skills and evaluation instruments to record relevant information about children and their families in a nonjudgmental manner.
- ☐ Maintains up-to-date records and reports concerning the growth, health, behavior, and progress of each child and family and shares these with parents.
- ☐ Identifies culturally appropriate activities and materials to implement plans for working with families.
- ☐ Encourages parents to assume an active role by gradually increasing their responsibilities in the evaluation, planning, and conduct of home visits.
- ☐ Follows up on any referrals made, cooperates with specialists who provide services to children, and works with the family to meet goals for the child and family.
- ☐ Schedules and keeps home visits with attention to family routines and use of home resources.
- ☐ Coordinates program plans with families, program personnel, and specialists, when appropriate.
- ☐ Networks with community agencies on behalf of families.
- ☐ Handles problems of suspected abuse and neglect promptly, responsibly, and according to program policy and state law.
- ☐ Recognizes the needs of children and families who speak a different language and live in a different cultural context and makes plans to meet their needs.

In addition, the competent Candidate working towards a **bilingual specialization**, for example:

- ☐ Uses knowledge of language development and bilingualism to plan for each child and family.

Competency Goal VI

To Maintain a Commitment to Professionalism

13. FUNCTIONAL AREA: PROFESSIONALISM

Candidate makes decisions based on knowledge of early childhood theories and practices, promotes quality in child care services, and takes advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

DEVELOPMENTAL CONTEXT:

Professionals working with young children and their families make decisions based on knowledge of early childhood education and family life and demonstrate a commitment towards quality care for young children. The professional home visitor continues to set new goals and take advantage of training or educational experiences that will help her/him to grow more competent. Recognizing that the way they relate to one another directly affects the quality of child care and sets an example for children, adults in a home visitor setting work to resolve issues and problems among themselves cooperatively and respectfully. They also work together to educate the community at large about the needs of young children. The home visitor should develop relationships with other child care professionals and establish a network for information and support.

For example, the competent Candidate working with infants, toddlers, and preschool children:

- ☐ Enjoys working in a home visitor program and demonstrates a positive attitude in her/his role.

- ☐ Understands the philosophy of the program and can describe its goals and objectives to others.
- ☐ Keeps all personal information about families confidential.
- ☐ Participates in peer evaluation and is able to accept comments and criticism from colleagues, supervisors, and parents in a constructive way.
- ☐ Takes advantage of opportunities for professional and personal development attending staff meetings, inservice training, courses, and conferences and by joining appropriate professional organizations.
- ☐ Learns all s/he can about the culture(s) of the families in her/his caseload.
- ☐ Continues to gain knowledge of children's physical, cognitive, language, emotional, and social development as a basis for program planning.
- ☐ Continually evaluates own performance to identify needs for professional growth.
- ☐ Keeps informed about child care practices, research, legislation, and other developments in early childhood and adult education.
- ☐ Seeks information relevant to the needs of the children and families s/he is serving—for example, information on infant development, bilingual development, and handicaps—from professional magazines, community colleges, community services, other home visitors, and community members.
- ☐ Advocates quality services and rights for children and families.
- ☐ Works with other professionals and parents to develop effective strategies to communicate to decision-makers the needs of children and families.

- ☐ Recognizes that special knowledge is necessary for working with parents of children at different ages and developmental stages and seeks appropriate information and training.
- ☐ Seeks information about sexual abuse and child abuse and neglect, keeps up-to-date on laws and policies concerning reporting and treatment of abuse, and learns effective ways of working with affected children and families.

In addition, the competent Candidate working towards a **bilingual specialization**, for example:

- ☐ Demonstrates ability to understand, speak, read, and write in both languages and uses these skills in all aspects of his/her role.
- ☐ Increases knowledge about bilingual education by reading, attending workshops, and consulting professionals.
- ☐ Maintains and works to increase fluency in her/his non-dominant language.
- ☐ Recognizes and helps others recognize the needs of children and families who speak a different language and operate in a different cultural context.

Part IV

Appendices

Appendix A
History of the Child Development Associate Program

The Child Development Associate concept grew out of concern in the late 1960's with the rapid expansion of public and private child care programs serving children 5 years old and younger. During the decade of the 1960's, hundreds of Head Start centers had been established across the country to serve economically disadvantaged preschoolers, and the number of licensed day care centers had tripled, as many mothers returned to work. Although the number of children in care increased yearly, there was no concerted effort to monitor the quality of care children received. At the same time, major research studies stressed the importance of early childhood care to children's later development.

In 1970, the Administration for Children, Youth and Families (ACYF) of the Department of Health, Education and Welfare announced its commitment to improve the quality of child care by focusing on the competence of child care staff. In 1971, the agency convened a group of leaders in the early childhood/child development field to examine the idea of establishing professional recognition for competent child care personnel. The ACYF task force envisioned a nationally supported effort to:

- ☐ Identify basic competencies (or skills) needed by staff to provide competent care;
- ☐ Provide training for caregivers in these competencies; and
- ☐ Evaluate the work of caregivers on the basis of these national standards and recognize them with a national "credential" or award.

In 1972, several early childhood education/child development associations established a nonprofit consortium to develop and carry out a system for evaluating and credentialing child care workers on the basis of the competencies outlined by the federal task force. The Child Development Associate (CDA) Consortium refined the original competencies, developed a more detailed description of the skills needed to deliver quality care, and designed a system for assessing child care workers on the job.

Within 2 years, the organization had developed an assessment system for performance-based evaluation of child care workers serving 3-to-5 year olds in center-based programs, based on six Competency Standards. A 1974 field test was successful, and the assessment system was implemented the next year. The first CDA Credentials were awarded in July 1975. In 1979, bilingual Competency Standards and assessment requirements were added to the system so that CDA Candidates working in bilingual programs (Spanish/English) could demonstrate their special competence.

The CDA Consortium administered the program from its inception until 1979. The Child Development Associate National Credentialing Program (CDANCP), administered by Bank Street College of Education (New York) under a grant from the Department of Health and Human Services, implemented CDA assessments until the Spring of 1985. During its tenure, the CDANCP undertook a major research project to investigate expansion of the CDA assessment system to caregivers in home visitor and family day care programs, as well as to center caregivers working with infants and toddlers and handicapped children. Field testing of requirements and competencies in the home visitor, family day care, and infant/toddler center-based programs was successful, and CDA assessment was made available to caregivers working in these settings between 1983 and 1985.

The National Association for the Education of Young Children (NAEYC) entered into a 42 month cooperative agreement with the Administration for Children, Youth and Families (ACYF) and has assumed responsibility for management of the CDA Program. NAEYC set up a separate non-profit corporation entitled "The Council for Early Childhood Professional Recognition" (The Council) to serve as the national CDA body with responsibility to administer the CDA Program. The Council took full responsibility on September 1, 1985.

The training component of the CDA effort has been funded and administered separately from assessment and credentialing responsibilities since the beginning of the project. In 1973, ACYF funded 13 pilot training programs to develop performance-based training designed to help caregivers master the CDA competencies. At the same time, Head Start Supplementary Training was converted to a CDA orientation, with colleges and universities across the country participating in this effort.

Today, field-based CDA training is conducted by child care programs, Head Start centers, independent consultants, and more than 300 colleges and universities. Although Candidates applying for assessment must have had at least three educational experiences in early childhood education or child development, these experiences need not have been training programs specifically designed around the CDA Competency Standards or assessment system.

Appendix B
Glossary of CDA Terms

Advisor. A professional in early childhood education who serves as one of the four members of the Local Assessment Team. The Advisor works with the Candidate for a minimum of 12 weeks, observes the Candidate at work, prepares an observation report, and participates in the Local Assessment Team meeting.

Advisor Report Form. The official form on which Advisors record observations of the Candidate in the 13 functional areas and make recommendations for the Candidate's professional development.

Assessment Request Form. A form that notifies the CDA National Credentialing Program that a CDA Candidate is ready for the Local Assessment Team meeting. After the Candidate, Advisor, and Parent/Community Representative have completed their information collection responsibilities, they fill out and sign the **assessment request form**, which the Candidate mails to the CDA National Credentialing Program. After receiving the form, the CDA national office assigns a CDA Representative to the team.

Assessment System. The process by which a caregiver's competence is evaluated by the CDA National Credentialing Program. The CDA **assessment system** includes five stages: (1) application and the initial formation of the Local Assessment Team; (2) information collection by team members; (3) Local Assessment Team meeting; (4) Credential award; and (5) Credential renewal. CDA Candidates and other team members have specific responsibilities at each stage.

Bilingual. The ability to speak, read, and write two languages well enough to understand and be understood by others. A Candidate who is bilingual in Spanish and English and works in a child care program that promotes bilingual development may choose to be assessed for the bilingual specialization CDA Credential. A bilingual specialization Candidate is assessed on the basis of competence in all 13 functional areas and ability to promote children's bilingual development.

Candidate. An individual who applied for CDA assessment and has met all eligibility requirements. A CDA Candidate coordinates the responsibilities of the other Local Assessment Team members, prepares a portfolio describing her/his work, and participates in the Local Assessment Team meeting.

Candidate Number. A number assigned to each CDA Candidate by the CDA national office to identify and organize all information concerning the Candidate's application and assessment. When calling or writing to the CDA National Credentialing Program concerning a CDA Candidate or assessment, please refer to the **Candidate number**, which is usually the same as the individual's social security number.

CDA. Child Development Associate or CDA. An individual who has successfully completed a CDA assessment and has been awarded the CDA Credential. A CDA is a person who is able to meet the specific needs of children and who, with parents and other adults, works to nurture children's physical, social, emotional, and intellectual growth in a child development framework. The CDA conducts herself or himself in an ethical manner. The CDA has demonstrated competence in the CDA competency goals through her/his work in a center-based, home visitor, or family day care program. A person who has demonstrated bilingual competence in a bilingual child care program is a CDA with a bilingual specialization.

CDA Consortium. The **CDA Consortium** was established in 1972 as an organization of national professional associations concerned with insuring the competence of staff in child development programs. The Consortium developed the original CDA Competency Standards and the system for assessing individuals working in center-based programs with 3-to-5 year olds. The organization administered CDA assessments from 1975 to 1979. The CDA Consortium is no longer operating.

CDA National Credentialing Program or CDANCP. Child Development Associate National Credentialing Program. Since 1980, the CDANCP has been responsible for implementing the CDA assessment system throughout the country from a central office in Washington, D.C.

CDA Representative. A professional in early childhood education trained to work on CDA assessments who serves as one of the four members of a CDA Local Assessment Team. Assigned to a team by the CDA National Credentialing Program after the Candidate, Advisor, and Parent/Community Representative have completed their information collection responsibilities, the **CDA Representative** observes and interviews the Candidate and participates in the Local Assessment Team meeting.

CDA Training. Programs that guide, teach, and support individuals interested in a CDA assessment offered by child care programs, individuals, and colleges and universities. The CDA assessment system requires educational experiences in early childhood/child development, but these do not have to be **CDA training** experiences. Whether or not an individual is enrolled in CDA training does not affect the outcome of an assessment.

Center-based. One of the settings a Candidate may choose for CDA assessment. A **center-based** setting for CDA assessment is defined as a "state-approved child development center." When a Candidate chooses to be assessed in a center-based setting, s/he uses the Competency Standards, eligibility requirements, and information collection requirements designed for that setting.

Cognitive. Cognitive development is the growth of understanding and knowledge. It is sometimes described as intellectual development.

Competence. Skill or ability to do something well.

Competency Goals. General statements of competence that a caregiver should work towards. There are six CDA **competency goals**: I. To establish and maintain a safe, healthy learning environment; II. To advance physical and intellectual competence; III. To support social and emotional development and provide positive guidance; IV. To establish positive and productive relationships with families; V. To ensure a well-run, purposeful program responsive to participant needs; and VI. To maintain a commitment to professionalism.

Competency Standards. Criteria that define the goals and skills that a competent child care provider or home visitor should demonstrate in working with young children. The **Competency Standards** consist of 6 goals, 13 functional areas, and examples of competent behavior. They were developed and validated by the early childhood profession and approved by the CDA National Credentialing Commission.

Contact hours. The hours that a home visitor spends working with the families in their homes. Home visitor applicants must have had at least 480 **contact hours** of experience with families in a home visitor program.

Credential. A written document from an authorizing body showing that a person has met certain standards. The CDA Credential is awarded to caregivers who have demonstrated competence in the CDA Competency Standards during the CDA assessment process.

Critical Area. Seven of the 13 functional areas of the CDA Competency Standards have been identified as **critical bilingual areas**. A bilingual specialization Candidate must demonstrate specific skills in these areas: Learning Environment, Communication, Self, Social, Families, Program Management, and Professionalism. A bilingual specialization Candidate is observed and assessed on the basis of competence in all 13 functional areas, as well as ability to promote children's bilingual development.

Developmental Context. The CDA Competency Standards include a **developmental context** for each of the 13 functional areas. It includes a brief summary of children's development and a context for a caregiver's work with children at the different stages of development.

Educational Experiences. A CDA applicant must have had three **educational experiences** to be eligible for CDA assessment. These can be either formal or informal educational experiences in early childhood education, child development, and adult education (home visitor applicants). Formal educational experiences can be university, college, junior college, vocational school, or high school courses. Informal educational experiences can be workshops, seminars, or inservice training.

Eligibility Requirements. Requirements that individuals must meet in order to be eligible to serve on a CDA Local Assessment Team. **Eligibility requirements** for the applicant, Advisor, Parent/Community Representative, and CDA Representative are listed in the **CDA Assessment System and Competency Standards**. The setting, age-level endorsement, and specialization that an applicant chooses for assessment determine the eligibility requirements that team members must meet.

Endorsement. An applicant for CDA assessment in a center-based setting must choose one endorsement for assessment. The age of the children the Candidate works with determines whether the endorsement is a preschool endorsement (3 through 5 years) or an infant/toddler endorsement (up to age 3). Family day care providers and home visitors are assessed on their work with the families and children in their care who may range in age from birth through 5 years.

Expansion. Activities carried out to make the CDA Credential available to groups of child care workers not presently eligible. Between 1980 and 1985, expansion work was completed on standards and assessment systems for home visitors, caregivers working with infants and toddlers, and family day care providers.

Family Day Care. One of the settings a Candidate may choose for CDA assessment. A family day care setting for CDA assessment is defined as "a family day care home that meets at least the minimum level of applicable state and local regulations, where a Candidate can be observed working as a primary caregiver with at least two children 5 years old or younger who are not related to the Candidate by blood or marriage or other legal relationship."

Functional Area. A category of responsibility that defines a caregiver's role in relation to children. The six CDA competency goals are divided into 13 **functional areas** defined by the following key words: Safe, Healthy, Learning Environment, Physical, Cognitive, Communication, Creative, Self, Social, Guidance, Families, Program Management, and Professionalism. Each functional area is defined by a sentence that summarizes competent caregiver behavior.

Home Visitor. One of the settings a Candidate may choose for CDA assessment. A **home visitor** setting is defined as "an established program of home visits to families to work with children 5 years old or younger and to support parents in meeting the needs of their young children. In this setting, regular home visits are the primary method of program delivery." When a Candidate chooses to be assessed in a home visitor setting, s/he uses the Competency Standards, eligibility requirements, and information collection responsibilities designed for that setting.

Information Collection. The second stage of the CDA assessment system, during which members of the Local Assessment Team gather information about the Candidate's work with young children and their families. **Information collection** responsibilities of team members are

described in **CDA Assessment System and Competency Standards**.

Interview. A meeting at which the CDA Representative questions the Candidate about her/his work and knowledge in each of the 13 functional areas. The CDA Representative conducts the interview after observing the Candidate and before the Local Assessment Team meeting is held.

LAT. See "Local Assessment Team."

Local Assessment Team. A team of four individuals—the Candidate, an Advisor, a Parent/Community Representative, and a CDA Representative who conduct the assessment of a Candidate for the CDA Credential. Each team member is responsible for collecting information about the Candidate's performance and participating in the Local Assessment Team meeting.

Local Assessment Team Meeting. A meeting of the Local Assessment Team held after team members have completed their information collection responsibilities. At the meeting, they share information, discuss, and evaluate the Candidate's performance in the 13 CDA functional areas. They make a final recommendation about whether the Candidate should be awarded the CDA Credential.

Meeting Vote Form. The form on which each team member records her/his official votes during the Local Assessment Team meeting. Team members record votes of "needs more training" or "competent" for each of the 13 functional areas and for the Candidate's overall performance.

Observation. The Advisor, Parent/Community Representative, and CDA Representative each observe the Candidate working with children or their families. They write a description of their observations that all team members read at the Local Assessment Team meeting. The Advisor and the Parent/Community Representative prepare an observation report. The CDA Representative fills out observation cards.

Parent Questionnaire. The Parent/Community Representative distributes a **parent questionnaire** to each family that has a child in the Candidate's group or to each family the Candidate visits. The questionnaire give parents an opportunity to describe and evaluate the Candidate's work from their point of view.

Parent/Community Representative. A member of the local community who serves as one of four members of the Local Assessment Team. The **Parent/Community Representative** represents the interests of parents and the community by distributing parent questionnaires concerning the Candidate's performance, observing the Candidate at work, and participating in the Local Assessment Team meeting.

Portfolio. A document in which a CDA Candidate presents information about her/his own work. The portfolio must contain an autobiographical statement, a program description, and three written examples of the Candidate's work in each of the 13 functional areas. The portfolio is read at the Local Assessment Team meeting.

Primary Caregiver. The person in charge of the program for a group of children who takes a lead role in most activities. A CDA Candidate must be observed as the **primary caregiver** by the Advisor, Parent/Community Representative, and CDA Representative. If a Candidate is an aide, assistant, or volunteer, s/he must be observed in a leadership role in order to demonstrate competence as the primary caregiver.

Process Verification Form. A form that the CDA Representative completes during the Local Assessment Team meeting. The CDA Representative verifies on the form that each team member completed information collection responsibilities and brought all required materials to the meeting. The CDA Representative also verifies that the team has followed all required procedures. After the meeting, the CDA Representative mails the **process verification form** to the CDA National Credentialing Program with the assessment materials.

Profile. A written summary of the discussion and evaluation of a CDA Candidate during the Local Assessment Team meeting. The profile contains: an overview of the Candidate's performance; recommendations for the Candidate's continued growth and development in each of the 13 functional areas; the team's vote in each of the 13 functional areas; and the team's final recommendation about award of the Credential. The Candidate keeps the profile after the meeting. A copy is sent to the CDA National Credentialing Program.

Renewal. The process of revalidating a CDA Credential when it expires. The CDA Credential is valid for 3 years from the date of award. At the end of that period, a CDA can apply for renewal of the Credential. A renewal Candidate writes a self-appraisal describing her/his progress in the 13 functional areas since assessment and discusses this document with two reviewers, who help develop recommendations for the Candidate's continued professional development. When renewal is granted, the Credential becomes effective for an additional 5 years.

Setting. The type of child care program in which a CDA Candidate's performance is evaluated. An applicant for a CDA assessment chooses one of the following settings: center-based program, family day care program, or home visitor program. The CDA Competency Standards, eligibility requirements, and information collection responsibilities are different for each setting.

Specialization. An applicant for CDA assessment has an option to be assessed for a bilingual specialization. The applicant must be able to speak, read, and write both Spanish and English and work in a program where the two languages and cultures are used consistently with adults and children. All team members must meet special bilingual eligibility requirements in order to fulfill their information collection responsibilities and participate in the team meeting.

Tally of Parent Questionnaires. A form on which the Parent/Community Representative summarizes the number of parent questionnaires distributed and collected.

Trainer. A child development/child care specialist who teaches classes, conducts workshops, models activities with children and families, or works with caregivers individually to improve their skills. Many child care programs have staff or consultants who work as CDA trainers. Sometimes a trainer may become a Candidate's CDA Advisor. However, a Candidate is not required to choose a CDA trainer as the CDA Advisor.

Vote Form. See "meeting vote form."